



# COUNTY OF LOS ANGELES

## FIRE DEPARTMENT

1320 NORTH EASTERN AVENUE  
LOS ANGELES, CALIFORNIA 90063-3294  
(323) 881-2401

P. MICHAEL FREEMAN  
FIRE CHIEF  
FORESTER & FIRE WARDEN

July 5, 2006

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

### APPROVAL OF CONTRACTS FOR FIRE FLEET MAINTENANCE AND REPAIR SERVICES (ALL DISTRICTS) (3 VOTES)

**IT IS RECOMMENDED THAT YOUR BOARD ACTING AS THE GOVERNING BODY OF  
THE CONSOLIDATED FIRE PROTECTION DISTRICT:**

1. Find that these contracts are exempt from the provisions of the California Environmental Quality Act (CEQA).
2. Approve and instruct the Mayor to sign three-year contracts, in substantially the form of Attachment A, with the attached list of selected vendors, to provide fire fleet maintenance and repair services on an as needed and intermittent basis. The initial term of the contracts will be for three (3) years, with two (2) one-year extensions, and also include an additional twelve (12) month-to-month extensions, not to exceed a total possible contract term of six (6) years for each contract.

SERVING THE UNINCORPORATED AREAS OF LOS ANGELES COUNTY AND THE CITIES OF:

AGOURA HILLS  
ARTESIA  
AZUSA  
BALDWIN PARK  
BELL  
BELL GARDENS  
BELLFLOWER  
BRADBURY

CALABASAS  
CARSON  
CERRITOS  
CLAREMONT  
COMMERCE  
COVINA  
CUDAHY

DIAMOND BAR  
DUARTE  
EL MONTE  
GARDENA  
GLENDALE  
HAWAIIAN GARDENS  
HAWTHORNE

HIDDEN HILLS  
HUNTINGTON PARK  
INDUSTRY  
INGLEWOOD  
IRWINDALE  
LA CANADA FLINTRIDGE  
LA HABRA

LA MIRADA  
LA PUENTE  
LAKEWOOD  
LANCASTER  
LAWDALE  
LOMITA  
LYNWOOD

MALIBU  
MAYWOOD  
NORWALK  
PALMDALE  
PALOS VERDES ESTATES  
PARAMOUNT  
PICO RIVERA

POMONA  
RANCHO PALOS VERDES  
ROLLING HILLS  
ROLLING HILLS ESTATES  
ROSEMead  
SAN DIMAS  
SANTA CLARITA

SIGNAL HILL  
SOUTH EL MONTE  
SOUTH GATE  
TEMPLE CITY  
WALNUT  
WEST HOLLYWOOD  
WESTLAKE VILLAGE  
WHITTIER

3. Authorize the Fire Chief, or his designee, to amend, suspend and/or terminate these contracts, if deemed necessary, in accordance with the District's contracts for Fire Fleet Maintenance and Repair Services. In addition, authorize the Fire Chief or his designee to amend these contracts by way of extension, not to exceed two (2) year extensions and an additional twelve (12) month-to-month extensions, and grant rate increases which are in accordance with the terms and conditions as set forth above and in accordance with the District's contracts for Fire Fleet Maintenance and Repair Services.
4. Authorize these contracts, in total, expenditures for the first three (3) contract years of \$10,500,000 in an amount not to exceed \$3,500,000 per year, representing the total annual cost based on the District's previous and current fiscal year expenditures. In addition, authorize total expenditures for the two (2) additional one-year periods and an additional twelve (12) month-to-month extensions at \$3,500,000 per year. The expenditure authority for all six (6) contract years is \$3,500,000 per year. Cost of Living Adjustment (COLA) requests for multi-year service contracts will be applicable to these Contracts after the first year. (Policy No. 5.070 of the Board of Supervisors Policy Manual.)

#### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

Since 1987, the District has contracted for vehicle and equipment repair services to respond to periods of peak workload and when the repairs are needed on a part-time or intermittent basis. In addition, the District provides fire protection services in 58 contract cities, with 158 stations located throughout Los Angeles County.

On May 8, 2006, thirty-one (31) fleet services contracts with the District expired. Through the current bid process, the District received fifty-six (56) vendor bids which will improve the District's ability to receive a variety of fleet services for the Districts vehicles and boats, on an as needed, part-time or intermittent basis.

Annually and upon the contracts' anniversary dates, these contracts will be subject to COLA requests for multi-year service contracts, allowing for increases based upon the CPI that shall not exceed the general salary movement granted to County employees as determined by the CAO as of each July 1 for the prior 12-month period.

Furthermore, should fiscal circumstances ultimately prevent the Board of Supervisors from approving any increase in County employee salaries, no COLAs will be granted.

### Implementation of Strategic Plan Goals

These contracts are consistent with the County's Strategic Plan Goal of Service Excellence and Public Safety.

The services are to be provided on an intermittent basis and the vendors have the appropriate expertise to complete the work, which will allow the Consolidated Fire Protection District to provide services to the public in a more responsive manner. It is consistent with the overall County Strategic Plan Goal, Goal 8, under Public Safety.

### ENVIRONMENTAL DOCUMENTATION

The services provided through these contracts will not have significant effect on the environment and therefore these contracts are exempt from CEQA, pursuant to Section 15061 (b) (3) of the CEQA Guidelines

### FISCAL IMPACT/FINANCING

Budget appropriations have been made and approved for the current 2006-2007 fiscal year.

### FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The District is authorized to contract for these services under California Health and Safety Code section 13861.

The Statement of Work covers categories of services required by the District, which are in compliance with the Bureau of Automotive Repair, California State Department of Consumer Affairs (BAR), the National Institute for Automotive Service Excellence (ASE), and by all Original Equipment Manufacturer Part (OEM) specifications.

As the District provides services in fifty-eight (58) contracted cities and has one hundred fifty-eight (158) stations located throughout Los Angeles County, the usage of its fleet is a vital factor in the goal of the Department.

In addition to the maintenance and repair services of the District's fleet, these contracts will also provide the maintenance and repair of the Lifeguard Division fleets and boats. The approval of the attached list of contractors will enable the District to continue its mission without affecting the quality of service we provide.

On final analysis and consideration of the awards, these vendors were selected without regard to race, color, creed, or national origin.

## **CONTRACTING PROCESS**

On March 14, 2006, the District issued an Invitation for Bid (IFB) seeking qualified vendors who could perform fire fleet maintenance and repair services. In addition to posting the announcement on the County's WebVen, advertisements were posted in six (6) local community newspapers. One hundred and sixty-six (166) Invitation for Bids were distributed.

The District has determined that all the vendors submitted for award of these contracts have confirmed, through their Statement of Hourly Rates, Costs, and Fixed Fees (price list – Attachment B), fees that are conducive with creating a savings to the District for contracting these services with the private sector versus having these services carried out by County employees.

The District has evaluated and determined that the vendors comply with the District's policy of compliance with the Community Business Enterprises Program (Attachment C), Child Support Compliance Program and Contractor's Responsibility and Debarment Program, the Safely Surrendered Baby Law, and the Contractor Employee Jury Services-Program, and agree to maintain compliance with all requirements throughout the term of their contracts.

The District has reviewed the Better Business Bureaus and the State's Business License websites to assess the proposed contractors past performances, negative experiences, and complaints with other agencies and find that they are currently not in any violations.

The contracts include COLAs which will be applicable after the initial contract year and thereafter on a yearly basis, including the two (2) one year extensions and the twelve (12) one-month extensions. This will allow the amounts on the contracts to be adjusted annually, based on the increase or decrease in the U.S. Department of Labor, Bureau of Labor Statistics' Consumer Price Index. Also, any increase shall not exceed the general salary movement granted to County employees as determined by the Chief Administrative Office as of each July 1 for the prior 12-month period. Furthermore, should fiscal circumstances ultimately prevent the Board of Supervisors from approving any increases in County employee's salaries; no COLAs will be granted.

The vendors were evaluated and deemed capable of performing the services requested, based on their qualifications and experience as stated in their bids.

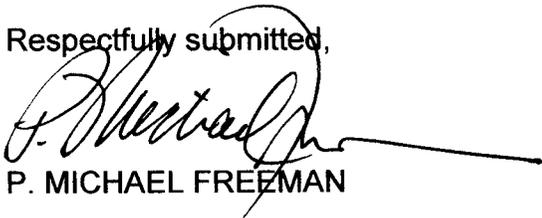
## **IMPACT ON CURRENT SERVICES**

There will be no significant impact on current services as there will be no displacement of any County employees. These services are presently contracted with the private sector.

**CONCLUSION**

Upon execution by your Honorable Board, the District will need two (2) original certified copies of the adopted Board letter and Contract. It is requested that the Executive Office of the Board notify the District's Contract Administrator, Lucy Guadiana, at (323) 838-2275 when the documents become available.

Respectfully submitted,



P. MICHAEL FREEMAN

PMF:slr

Enclosures (3)

c: Chief Administrative Office  
County Counsel  
Executive Office, Board of Supervisors



# COUNTY OF LOS ANGELES

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 (323) 881-2401

P. MICHAEL FREEMAN  
 FIRE CHIEF  
 FORESTER & FIRE WARDEN

June 22, 2006

**Agenda Date: July 5, 2006**

### APPROVAL OF CONTRACTS FOR FIRE FLEET MAINTENANCE AND REPAIR SERVICES

#### List of Selected Vendors

	VENDOR NAME	CONTRACT NUMBER
1.	A.V. Auto Body & Truck, Inc.	
2.	A-1 Transmission	
3.	Advanced Electronics, Inc.	
4.	Advanced Systems Services, Inc.	
5.	Atlas Radiator, Inc.	
6.	Baldwin Auto Body	
7.	BECS A Division of ADP (USA), Inc.	
8.	Betts Spring Co.	
9.	Bob Wondries Ford	
10.	California's Best Radiator, Inc.	
11.	City Terrace Service, Inc.	

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 BELLFLOWER  
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 CERRITOS  
 CLAREMONT  
 COMMERCE  
 COVINA  
 CUDAHY

DIAMOND BAR  
 DUARTE  
 EL MONTE  
 GARDENA  
 GLENDORA  
 HAWAIIAN GARDENS  
 HAWTHORNE

HIDDEN HILLS  
 HUNTINGTON PARK  
 INDUSTRY  
 INGLEWOOD  
 IRVINDALE  
 LA CANADA FLINTRIDGE  
 LA HABRA

LA MIRADA  
 LA PUENTE  
 LAKEWOOD  
 LANCASTER  
 LAWNDALE  
 LOMITA  
 LYNWOOD

MALIBU  
 MAYWOOD  
 NORWALK  
 PALMDALE  
 PALOS VERDES ESTATES  
 PARAMOUNT  
 PICO RIVERA

POMONA  
 RANCHO PALOS VERDES  
 ROLLING HILLS  
 ROLLING HILLS ESTATES  
 ROSEMEAD  
 SAN DIMAS  
 SANTA CLARITA

SIGNAL HILL  
 SOUTH EL MONTE  
 SOUTH GATE  
 TEMPLE CITY  
 WALNUT  
 WEST HOLLYWOOD  
 WESTLAKE VILLAGE  
 WHITTIER

	<b>VENDOR NAME</b>	<b>CONTRACT NUMBER</b>
12.	Clark & Howard Towing	
13.	Collins Trim Shop	
14.	Ed Butts Ford	
15.	Ellis Truck & Bus Repair Inc.	
16.	Ford of Montebello	
17.	Get Tires	
18.	Glass Doctor of Montebello	
19.	Green's OK Tire, Inc.	
20.	H.W. Hunter Inc.	
21.	Harbor Diesel & Equipment, Inc.	
22.	Interstate Tire Distributor, Inc.	
23.	Jay's Automatic Transmissions	
24.	Keystone Towing	
25.	Lancaster Auto Interiors	
26.	Los Angeles Freightliner	
27.	Lynn's Auto Air Inc.	
28.	Markham and Boling, Inc.	
29.	Master Body Sales & Service, Inc.	
30.	Morgan Attwood & Son, Inc.	
31.	Northstar Electronics, LLC.	
32.	Olympic Top Shop	
33.	Ostrom Chevrolet	
34.	Palmdale Uni-Body & Paint	
35.	Parkhouse Tire Inc.	
36.	Peck Road Ford Truck Center	

	<b>VENDOR NAME</b>	<b>CONTRACT NUMBER</b>
37.	Pepe's Towing Service Inc.	
38.	Peterson Hydraulics, Inc.	
39.	Powertrain Reman Industries	
40.	PTO Sales, Corporation	
41.	Quinn Power Systems	
42.	Rush Truck Centers of California	
43.	Safelite AutoGlass	
44.	Smith and Hartford Coach Works	
45.	South Bay Ford, Inc.	
46.	Speedo Electric Inc.	
47.	The BoatYard	
48.	Truck Specialty Service, Inc.	
49.	United Auto & Truck, Inc.	
50.	United Transmission Exchange	
51.	Valco Transmission Ltd.	
52.	Vision Communications	
53.	Western Automatic Transmission Exchange, Inc.	
54.	Wondries Chevrolet	
55.	Wondries Nissan	
56.	Wondries Toyota	



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### Fire Fleet Maintenance and Repair Services

### CONTRACT FORM

# ATTACHMENT A

SERVING THE UNINCORPORATED AREAS OF LOS ANGELES COUNTY AND THE CITIES OF:

AGOURA HILLS  
ARTESIA  
AZUSA  
BALDWIN PARK  
BELL  
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COMMERCE  
COVINA  
CUDAHAY

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HAWTHORNE

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HUNTINGTON PARK  
INDUSTRY  
INGLEWOOD  
IRWINDALE  
LA CANADA FLINTRIDGE  
LA HABRA

LA MIRADA  
LA PUENTE  
LAKEWOOD  
LANCASTER  
LAWNDALE  
LOMITA  
LYNWOOD

MALIBU  
MAYWOOD  
NORWALK  
PALMDALE  
PALOS VERDES ESTATES  
PARAMOUNT  
PICO RIVERA

POMONA  
RANCHO PALOS VERDES  
ROLLING HILLS  
ROLLING HILLS ESTATES  
ROSEMEAD  
SAN DIMAS  
SANTA CLARITA

SIGNAL HILL  
SOUTH EL MONTE  
SOUTH GATE  
TEMPLE CITY  
WALNUT  
WEST HOLLYWOOD  
WESTLAKE VILLAGE  
WHITTIER



# **CONTRACT**

BY AND BETWEEN

CONSOLIDATED FIRE PROTECTION DISTRICT  
OF LOS ANGELES COUNTY

AND

(CONTRACTOR)

FOR

**FIRE FLEET MAINTENANCE AND REPAIR SERVICES**

**CONTRACT  
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**CONTRACT**

**- STANDARD EXHIBITS -**

- A** Statement of Work *and*  
Statement of Work - Attachment 1
- B** Statement of Hourly Rates, Costs, and Fixed Fees
- C** Contractor's EEO Certification
- D** District's Administration
- E** Contractor's Administration
- F** Forms Required at the Time of Contract Execution
  - F1** Contractor Employee Acknowledgement & Confidentiality Agreement
  - F2** Contractor Non-Employee Acknowledgment & Confidentiality Agreement
- G** Jury Service Ordinance
- H** Safely Surrendered Baby Law



## 1.0 APPLICABLE DOCUMENTS

Exhibits A, B, C, D, E, F, G, and H, are attached to and form a part of this Contract. In the event of any conflict or inconsistency in the definition or interpretation of any word, responsibility, schedule, or the contents or description of any task, deliverable, goods, service, or other work, or otherwise between the base Contract and the Exhibits, or between Exhibits, such conflict or inconsistency shall be resolved by giving precedence first to the Contract and then to the Exhibits according to the following priority:

### 1.1 STANDARD EXHIBITS

- EXHIBIT A - **STATEMENT OF WORK *and***  
**STATEMENT OF WORK – Attachment 1**
- EXHIBIT B - **STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**
- EXHIBIT C - **CONTRACTOR’S EEO CERTIFICATION**
- EXHIBIT D - **DISTRICT’S ADMINISTRATION**
- EXHIBIT E - **CONTRACTOR’S ADMINISTRATION**
- EXHIBIT F - **FORMS REQUIRED AT THE TIME OF CONTRACT EXECUTION**
- EXHIBIT G - **JURY SERVICE ORDINANCE**
- EXHIBIT H - **SAFELY SURRENDERED BABY LAW**

This Contract and the Exhibits hereto constitute the complete and exclusive statement of understanding between the parties, and supersedes all previous Contracts, written and oral, and all communications between the parties relating to the subject matter of this Contract. No change to this Contract shall be valid unless prepared pursuant to Sub-paragraph 8.4 - Change Notices and Amendments and signed by both parties.

## 2.0 DEFINITIONS

The headings herein contained are for convenience and reference only and are not intended to define the scope of any provision thereof. The following words as used herein shall be construed to have the following meaning, unless otherwise apparent from the context in which they are used.

- 2.1 CONTRACT:** Agreement executed between District and Contractor. It sets forth the terms and conditions for the issuance and performance of the *Statement of Work, Exhibit A*.
- 2.2 CONTRACTOR:** The sole proprietor, partnership, or corporation that has entered into a contract with the District to perform or execute the work covered by the *Statement of Work, Exhibit A*.
- 2.3 CONTRACTOR PROJECT MANAGER:** The individual designated by the Contractor to administer the Contract operations after the Contract award.
- 2.4 COUNTY:** Refers to the County of Los Angeles.
- 2.5 DISTRICT:** Refers to the Consolidated Fire Protection District of Los Angeles County.
- 2.6 DISTRICT CONTRACT DIRECTOR:** Person designated by District with authority for District on contractual or administrative matters relating to this contract that cannot be resolved by the District Contract Administrator.
- 2.7 DISTRICT CONTRACT ADMINISTRATOR:** Person designated by District's Contract Director to manage the operations under this Contract.
- 2.8 DISTRICT CONTRACT PROJECT MANAGER:** Person with responsibility to oversee the day to day activities of this Contract for the District. Responsibility for inspections of any and all tasks, deliverables, goods, services and other work provided by Contractor.

**2.9 DAY(S):** Calendar day(s) unless otherwise specified.

**2.10 FISCAL YEAR:** The twelve (12) month period beginning July 1<sup>st</sup> and ending the following June 30<sup>th</sup>.

### **3.0 STATEMENT OF WORK**

**3.1** Pursuant to the provisions of this Contract, the Contractor shall fully perform, complete and deliver on time, all tasks, deliverables, services and other work as set forth in the *Statement of Work, Exhibit A*.

**3.2** If the Contractor provides any tasks, deliverables, goods, services, or other work, other than as specified in this Contract, the same shall be deemed to be a gratuitous effort on the part of the Contractor, and the Contractor shall have no claim whatsoever against the District.

### **4.0 TERM OF CONTRACT**

**4.1** The term of this Contract shall be for a period of three (3) years commencing after execution by the Board of Supervisors, unless sooner terminated or extended, in whole or in part, as provided in this Contract.

**4.2** The District shall have the sole and exclusive option to extend the Contract term for two (2) one-year periods and additional twelve (12) month-to-month extensions, for a maximum total Contract term of six (6) years. The District, through the Fire Chief, shall have the option to extend the Contract. Renewal options shall be exercised individually and separately at the sole discretion of the Fire Chief or authorized designee.

**4.3** Contractor shall notify District when this Contract is within six (6) months from the expiration of the term as provided for hereinabove. Upon occurrence of this event, Contractor shall send written notification to District at the address herein provided in *Exhibit D – District's Administration*.

## **5.0 CONTRACT SUM**

**5.1** The amount the District shall expend from its own funds during the Contract's entire term for Fire Fleet Maintenance and Repair Services for all Contractors shall not exceed, in aggregate, **\$3,500,000** per year. Effective upon the expiration of the Contract's third year, the Contract allows for the renewal options that include two (2) one-year periods and twelve (12) month-to-month extensions. In accordance with Sub-Paragraph 5.6, Cost of Living Adjustments (COLA's) are allowed after the first year of the Contract.

**5.2** The Contractor shall not be entitled to payment or reimbursement for any tasks or services performed, nor for any incidental or administrative expenses whatsoever incurred in or incidental to performance hereunder, except as specified herein. Assumption or takeover of any of the Contractor's duties, responsibilities, or obligations, or performance of same by any entity other than the Contractor whether through assignment, subcontract, delegation, merger, buyout, or any other mechanism, with or without consideration for any reason whatsoever, shall occur only with the District's express prior written approval.

**5.3** Contractor shall maintain a system of record keeping that will allow Contractor to determine when it has incurred seventy-five percent (75%) of the total contract authorization under this Contract. Upon occurrence of this event, Contractor shall send written notification to District at the address herein provided in *Exhibit D, District's Administration*.

### **5.4 NO PAYMENT FOR SERVICES PROVIDED FOLLOWING EXPIRATION/ TERMINATION OF CONTRACT**

Contractor shall have no claim against District for payment of any money or reimbursement, of any kind whatsoever, for any service

provided by Contractor after the expiration or other termination of this Contract. Should Contractor receive any such payment, it shall immediately notify District and shall immediately repay all such funds to District. Payment by District for services rendered after expiration or termination of this Contract shall not constitute a waiver of District's right to recover such payment from Contractor. This provision shall survive the expiration or other termination of this Contract.

## **5.5 INVOICES AND PAYMENTS**

**5.5.1** The Contractor shall invoice the District only for providing the tasks, deliverables, goods, services, and other work specified in *Exhibit A - Statement of Work* and elsewhere hereunder. The Contractor shall prepare invoices, which shall include the charges owed to the Contractor by the District under the terms of this Contract. The Contractor's payments shall be as provided in *Exhibit B – Statement of Hourly Rates, Costs, and Fixed Fees*, and the Contractor shall be paid only for the tasks, deliverables, goods, services, and other work approved in writing by the District. If the District does not approve work in writing no payment shall be due to the Contractor for that work.

**5.5.2** The Contractor's invoices shall be priced in accordance with *Exhibit B - Statement of Hourly Rates, Costs, and Fixed Fees*.

**5.5.3** The Contractor's invoices shall contain the information set forth in *Exhibit A - Statement of Work* describing the tasks, deliverables, goods, services, work hours, and facility and/or other work for which payment is claimed.

**5.5.4** Payment to Contractor shall be made on an arrears basis, upon acceptance of completed work by District, provided that the Contractor is not in default under any provisions of this

Contract. Contractor is to provide the completed **ORIGINAL** invoice, along with one (1) copy to the following address:

*Consolidated Fire Protection District of Los Angeles County  
Financial Management Division – Expenditure Management  
P.O. Box 910901  
Commerce, California 90091-0901*

**5.5.5 District Approval of Invoices.** All invoices submitted by the Contractor for payment must have the written approval of the District Contract Project Manager prior to any payment thereof. In no event shall the District be liable or responsible for any payment prior to such written approval. Approval for payment will not be unreasonably withheld, and in no instance will such approval take more than two (2) weeks from receipt of properly prepared invoices by the District. To assist the District in making timely payment for services provided hereunder, Contractor's invoice shall contain the following:

- (1) Contract number
- (2) Date of Service
- (3) A breakdown of labor hours, hourly rate and material costs as separate items, e.g., Labor: 3 hours @ \$30/hour = \$90.00

This detail is required when job price is quoted as time and material at the beginning of any individual work item.

- (4) Fixed fees (e.g., any flat rate job) authorized by the District's Project Manager or authorized designee
- (5) Employee Name and Employee Number of District Employee who ordered or authorized service

- (6) A copy of subcontractor or sublet cost with invoice if a portion of work is contracted out
- (7) Signature of authorized District employee. Contractor's failure to obtain the signature of the District employee authorizing the work shall invalidate the repair order and will result in non-payment.

**5.5.6** Contractor shall send one (1) copy of the invoice to the District representative authorizing the work, which shall review and approve all invoices of payment. Copy shall be mailed or faxed to:

William Watkins, Assistant Chief or  
Craig Weeks, Acting Assistant Chief  
*Consolidated Fire Protection District of Los Angeles County*  
*Fire Fleet Services Division*  
*1104 North Eastern Avenue, Door 33*  
*Los Angeles, California 90063*  
*Fax: (323) 261-1472*

**5.6 COST OF LIVING ADJUSTMENTS (COLA'S)**

The Contract (hourly, daily, monthly, etc.) amount may be adjusted annually based on the increase or decrease in the U.S. Department of Labor, Bureau of Labor Statistics' Consumer Price Index (CPI) for the Los Angeles-Riverside-Orange County Area for the most recently published percentage change for the 12-month period preceding the contract anniversary date which shall be the effective date for any cost of living adjustment. However, any increase shall not exceed the general salary movement granted to County employees as determined by the Chief Administrative Office as of each July 1 for the prior 12-month period. Furthermore, should fiscal circumstances ultimately prevent the Board of Supervisors from approving any increase in County employee salaries, no cost of living adjustments will be granted. Contractor must submit

proposed adjustment to District's Contract Administrator. All price increases shall be subject to acceptance and approval by the District's Contract Administrator. After approval by the District's Contract Administrator, the revised price may not be increased for a period of one year from the date of District's approval.

## **6.0 ADMINISTRATION OF CONTRACT – DISTRICT**

### **DISTRICT ADMINISTRATION**

A listing of all District Administration referenced in the following Sub-paragraphs are designated in *Exhibit D, District's Administration*. The District shall notify the Contractor in writing of any change in the names or addresses shown.

#### **6.1 DISTRICTS CONTRACT DIRECTOR**

*The responsibilities of the District's Contract Director include:*

- Making authoritative decisions on contractual or administrative matters relating to this Contract that cannot be resolved by the District Contract Administrator.

#### **6.2 DISTRICTS CONTRACT ADMINISTRATOR**

*The responsibilities of the District's Contract Administrator include:*

- ensuring that the objectives of this Contract are met;
- making changes in the terms and conditions of this Contract in accordance with Sub-paragraph 8.4, Change Notices and Amendments; and
- providing direction to Contractor in the areas relating to District policy, information requirements, and procedural requirements.
- meeting with Contractor's Project Manager on a regular basis; and

- inspecting any and all tasks, deliverables, goods, services, or other work provided by or on behalf of Contractor.

### **6.3 DISTRICTS CONTRACT PROJECT MANAGER**

The District's Contract Project Manager is responsible for overseeing the day-to-day administration of this Contract. These responsibilities include:

- Meeting with Contractor's Project Manager on a regular basis and
- Inspecting any and all task, deliverable, goods, services, or other work provided by or on behalf of Contractor.

The District's Contract Project Manager is not authorized to make any changes in any of the terms and conditions of this contract and is not authorized to further obligate District in any respect whatsoever.

## **7.0 ADMINISTRATION OF CONTRACT – CONTRACTOR**

### **CONTRACTORS ADMINISTRATION**

#### **7.1 CONTRACTORS PROJECT MANAGER**

**7.1.1** Contractor's Project Manager is designated in *Exhibit E-Contractor's Administration*. The Contractor shall notify the District in writing of any change in the name or address of the Contractor's Project Manager.

**7.1.2** Contractor's Project Manager shall be responsible for Contractor's day-to-day activities as related to this Contract and shall coordinate with District's Contract Project Manager on a regular basis.

#### **7.2 APPROVAL OF CONTRACTORS STAFF**

District has the absolute right to approve or disapprove all of Contractor's staff performing work hereunder and any proposed

changes in Contractor's staff, including, but not limited to, Contractor's Project Manager.

### **7.3 CONFIDENTIALITY**

Contractor shall maintain the confidentiality of all records obtained from the District under this Contract in accordance with all applicable Federal, State or local laws, ordinances, regulations and directives relating to confidentiality.

The Contractor shall inform all of its officers, employees, agents and subcontractors providing services hereunder of the confidentiality provisions of this Contract. The Contractor shall cause each employee performing services covered by this Contract to sign at time of hire and adhere to the "*Contractor Employee Acknowledgment & Confidentiality Agreement*", *Exhibit F1*.

Contractor shall cause each non-employee performing reoccurring services covered by this Contract to sign before beginning service and adhere to the "*Contractor Non-Employee Acknowledgment & Confidentiality Agreement*", *Exhibit F2*.

## **8.0 STANDARD TERMS AND CONDITIONS**

### **8.1 ASSIGNMENT BY CONTRACTOR**

**8.1.1** Contractor shall not assign its rights or delegate its duties under this Contract, or both, whether in whole or in part, without the prior written consent of the District, in its discretion, and any attempted assignment or delegation without consent shall be null and void. For purposes of this paragraph, District consent shall require a written amendment to the Contract, which is formally approved and executed by the parties. Any payments by the District to any approved delegate or assignee on any claim under this Contract shall be deductible, at District's sole discretion, against the claims,

which the Contractor may have against the District.

**8.1.2** Shareholders, partner, members, or other equity holders of Contractor may transfer, sell, exchange, assign, or divest themselves of any interest they may have therein. However, in the event any such sale, transfer, exchange, assignment, or divestment is effected in such a way as to give majority control of Contractor to any person(s), corporation, partnership, or legal entity other than the majority controlling interest therein at the time of execution of the Contract, such disposition is an assignment requiring the prior written consent of District in accordance with applicable provisions of this Contract.

**8.1.3** Any assumption, assignment, delegation, or takeover of any of the Contractor's duties, responsibilities, obligations, or performance of same by any entity other than the Contractor, whether through assignment, subcontract, delegation, merger, buyout, or any other mechanism, with or without consideration for any reason whatsoever without District's express prior written approval, shall be a material breach of the Contract which may result in the termination of this Contract. In the even of such termination, District shall be entitled to pursue the same remedies against Contractor as it could pursue in the even of default by Contractor.

## **8.2 AUTHORIZATION WARRANTY**

The Contractor represents and warrants that the person executing this Contract for the Contractor is an authorized agent who has actual authority to bind the Contractor to each and every term, condition, and obligation of this Contract and that all requirements of the Contractor have been fulfilled to provide such actual authority.

### **8.3 BUDGET REDUCTIONS**

In the event that the Board of Supervisors adopts, in any fiscal year, a County Budget which provides for reductions in the salaries and benefits paid to the majority of County employees and imposes similar reductions with respect to District Contracts, the District reserves the right to reduce its payment obligation correspondingly for that fiscal year and any subsequent fiscal year services provided by the Contractor under the Contract. The District's notice to the Contractor regarding said reduction in payment obligation shall be provided within 30 calendar days of the Board's approval of such actions. The Contractor shall continue to provide all of the services set forth in the Contract.

### **8.4 CHANGE NOTICES AND AMENDMENTS**

**8.4.1** The District reserves the right to initiate Change Notices that **do not affect** the scope, term, Contract Sum or payments. All such changes shall be accomplished with an executed Change Notice signed by the Contractor and by District's Contract Administrator.

**8.4.2** For any change which affects the scope of work, term, Contract Sum, payments, or any term or condition included under this Contract, an Amendment shall be prepared and executed by the District's Contract Administrator.

**8.4.3** The Board of Supervisors or Chief Administrative Officer or designee may require the addition and/or change of certain terms and conditions in the Contract during the term of this Contract. The District reserves the right to add and/or change such provisions as required by the Board of Supervisors or Chief Administrative Officer. To implement such changes, an Amendment to the Contract shall be prepared and executed by the Contractor and by District's Fire Chief or designee.

**8.4.4** The District's Contract Administrator, may at his/her sole discretion, authorize extensions of time as defined in Paragraph 4.0 - Term of Contract. The Contractor agrees that such extensions of time shall not change any other term or condition of this Contract during the period of such extensions. To implement an extension of time, an Amendment to the Contract shall be prepared and executed by the Contractor and by District.

## **8.5 COMPLAINTS**

The Contractor shall develop, maintain and operate procedures for receiving, investigating and responding to complaints. Within thirty (30) business days after Contract's effective date, the Contractor shall provide the District with the Contractor's policy for receiving, investigating and responding to user complaints.

**8.5.1** The District will review the Contractor's policy and provide the Contractor with approval of said plan or with requested changes.

**8.5.2** If the District requests changes in the Contractor's policy, the Contractor shall make such changes and resubmit the policy within five (5) business days.

**8.5.3** If, at any time, the Contractor wishes to change the Contractor's policy, the Contractor shall submit proposed changes to the District for approval before implementation.

The Contractor shall preliminarily investigate all complaints and notify the District's Contract Director of the status of the investigation within five (5) business days of receiving the complaint.

When complaints cannot be resolved informally, a system of follow-through shall be instituted which adheres to formal plans for specific actions and strict time deadlines.

Copies of all written responses shall be sent to the District's Contract Director within three (3) business days of mailing to the complainant.

## **8.6 COMPLIANCE WITH APPLICABLE LAW**

**8.6.1** The Contractor shall comply with all applicable Federal, State, and local laws, rules, regulations, ordinances, and directives, and all provisions required thereby to be included in this Contract are hereby incorporated herein by reference.

**8.6.2** The Contractor shall indemnify and hold harmless the District from and against any and all liability, damages, costs, and expenses, including, but not limited to, defense costs and attorneys' fees, arising from or related to any violation on the part of the Contractor or its employees, agents, or subcontractors of any such laws, rules, regulations, ordinances, or directives.

## **8.7 COMPLIANCE WITH CIVIL RIGHTS LAWS**

The Contractor hereby assures that it will comply with Subchapter VI of the Civil Rights Act of 1964, 42 USC Sections 2000 (e) (1) through 2000 (e) (17), to the end that no person shall, on the grounds of race, creed, color, sex, religion, ancestry, age, condition of physical handicap, marital status, political affiliation, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this Contract or under any project, program, or activity supported by this Contract. The Contractor shall comply with *Exhibit C - Contractor's EEO Certification*.

## **8.8 COMPLIANCE WITH THE COUNTY'S JURY SERVICE PROGRAM**

### **8.8.1 Jury Service Program**

This Contract is subject to the provisions of the County's ordinance entitled Contractor Employee Jury Service ("Jury

Service Program”) as codified in Sections 2.203.010 through 2.203.090 of the Los Angeles County Code, a copy of which is attached as *Exhibit G* and incorporated by reference into and made a part of this Contract.

### **8.8.2 Written Employee Jury Service Policy**

1. Unless Contractor has demonstrated to the District’s satisfaction either that Contractor is not a “Contractor” as defined under the Jury Service Program (Section 2.203.020 of the County Code) or that Contractor qualifies for an exception to the Jury Service Program (Section 2.203.070 of the County Code), Contractor shall have and adhere to a written policy that provides that its Employees shall receive from the Contractor, on an annual basis, no less than five days of regular pay for actual jury service. The policy may provide that Employees deposit any fees received for such jury service with the Contractor or that the Contractor deduct from the Employee’s regular pay the fees received for jury service.
2. For purposes of this Sub-paragraph, “Contractor” means a person, partnership, corporation or other entity which has a contract with the County, District or a subcontract with a County or District Contractor and has received or will receive an aggregate sum of \$50,000 or more in any 12-month period under one or more District contracts or subcontracts. “Employee” means any California resident who is a full time employee of Contractor. “Full-time” means 40 hours or more worked per week, or a lesser number of hours if: 1) the lesser number is a recognized industry standard as determined by the County, or 2)

Contractor has a long-standing practice that defines the lesser number of hours as full-time. Full-time employees providing short-term, temporary services of 90 days or less within a 12-month period are not considered full-time for purposes of the Jury Service Program. If Contractor uses any subcontractor to perform services for the District under the Contract, the subcontractor shall also be subject to the provisions of this Sub-paragraph. The provisions of this Sub-paragraph shall be inserted into any such subcontract agreement and a copy of the Jury Service Program shall be attached to the agreement.

3. If Contractor is not required to comply with the Jury Service Program when the Contract commences, Contractor shall have a continuing obligation to review the applicability of its "exception status" from the Jury Service Program, and Contractor shall immediately notify District if Contractor at any time either comes within the Jury Service Program's definition of "Contractor" or if Contractor no longer qualifies for an exception to the Jury Service Program. In either event, Contractor shall immediately implement a written policy consistent with the Jury Service Program. The District may also require, at any time during the Contract and at its sole discretion, that Contractor demonstrate to the District's satisfaction that Contractor either continues to remain outside of the Jury Service Program's definition of "Contractor" and/or that Contractor continues to qualify for an exception to the Program.

4. Contractor's violation of this Sub-paragraph of the Contract may constitute a material breach of the Contract. In the event of such material breach, District may, in its sole discretion, terminate the Contract and/or bar Contractor from the award of future District contracts for a period of time consistent with the seriousness of the breach.

## **8.9 CONFLICT OF INTEREST**

**8.9.1** No District employee whose position with the District enables such employee to influence the award of this Contract or any competing Contract, and no spouse or economic dependent of such employee, shall be employed in any capacity by the Contractor or have any other direct or indirect financial interest in this Contract. No officer or employee of the Contractor who may financially benefit from the performance of work hereunder shall in any way participate in the District's approval, or ongoing evaluation, of such work, or in any way attempt to unlawfully influence the District's approval or ongoing evaluation of such work.

**8.9.2** The Contractor shall comply with all conflict of interest laws, ordinances, and regulations now in effect or hereafter to be enacted during the term of this Contract. The Contractor warrants that it is not now aware of any facts that create a conflict of interest. If the Contractor hereafter becomes aware of any facts that might reasonably be expected to create a conflict of interest, it shall immediately make full written disclosure of such facts to the District. Full written disclosure shall include, but is not limited to, identification of all persons implicated and a complete description of all relevant circumstances. Failure to comply

with the provisions of this Sub-paragraph shall be a material breach of this Contract.

#### **8.10 CONSIDERATION OF HIRING COUNTY EMPLOYEES TARGETED FOR LAYOFF OR RE-EMPLOYMENT LIST**

Should the Contractor require additional or replacement personnel after the effective date of this Contract to perform the services set forth herein, the Contractor shall give **first consideration** for such employment openings to qualified, permanent County employees who are targeted for layoff or qualified, former County employees who are on a re-employment list during the life of this Contract.

#### **8.11 CONSIDERATION OF HIRING GAIN/GROW PROGRAM PARTICIPANTS**

Should the Contractor require additional or replacement personnel after the effective date of this Contract, the Contractor shall give consideration for any such employment openings to participants in the County's Department of Public Social Services Greater Avenues for Independence (GAIN) Program or General Relief Opportunity for Work (GROW) Program who meet the Contractor's minimum qualifications for the open position. For this purpose, consideration shall mean that the Contractor will interview qualified candidates. The County will refer GAIN/GROW participants by job category to the Contractor.

In the event that both laid-off County employees and GAIN/GROW participants are available for hiring, County employees shall be given first priority.

#### **8.12 CONTRACTOR'S RESPONSIBILITY AND DEBARMENT**

##### **8.12.1 Responsible Contractor**

A responsible Contractor is a Contractor who has demonstrated the attribute of trustworthiness, as well as

quality, fitness, capacity and experience to satisfactorily perform the Contract. It is the District's policy to conduct business only with responsible Contractors.

#### **8.12.2 Chapter 2.202 of the County Code**

The Contractor is hereby notified that, in accordance with Chapter 2.202 of the County Code, if the District acquires information concerning the performance of the Contractor on this or other Contracts which indicates that the Contractor is not responsible, the District may, in addition to other remedies provided in the Contract, debar the Contractor from bidding or proposing on, or being awarded, and/or performing work on any District Contracts for a specified period of time, which generally will not exceed five (5) years but may exceed five years or be permanent if warranted by the circumstances, and terminate any or all existing Contracts the Contractor may have with the District.

#### **8.12.3 Non-responsible Contractor**

The County or District may debar a Contractor if the Board of Supervisors finds, in its discretion, that the Contractor has done any of the following: (1) violated a term of a contract with the County or a nonprofit corporation created by the County, (2) committed an act or omission which negatively reflects on the Contractor's quality, fitness or capacity to perform a contract with the County, any other public entity, or a nonprofit corporation created by the County, or engaged in a pattern or practice which negatively reflects on same, (3) committed an act or offense which indicates a lack of business integrity or

business honesty, or (4) made or submitted a false claim against the County or any other public entity.

#### **8.12.4 Contractor Hearing Board**

If there is evidence that the Contractor may be subject to debarment, the County will notify the Contractor in writing of the evidence that is the basis for the proposed debarment and will advise the Contractor of the scheduled date for a debarment hearing before the Contractor Hearing Board.

The Contractor Hearing Board will conduct a hearing where evidence on the proposed debarment is presented. The Contractor and/or the Contractor's representative shall be given an opportunity to submit evidence at that hearing. After the hearing, the Contractor Hearing Board shall prepare a tentative proposed decision, which shall contain a recommendation regarding whether the Contractor should be debarred, and, if so, the appropriate length of time of the debarment. The Contractor and the District shall be provided an opportunity to object to the tentative proposed decision prior to its presentation to the Board of Supervisors.

After consideration of any objections, or if no objections are submitted, a record of the hearing, the proposed decision, and any other recommendation of the Contractor Hearing Board shall be presented to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of the Contractor Hearing Board.

### **8.12.5 Contractor Reinstatement**

If a Contractor has been debarred for a period longer than five years, the Contractor may, after the debarment has been in effect for at least five years, submit a written request for review of the debarment determination to reduce the period of debarment or terminate the debarment. The District may, in its discretion, reduce the period of debarment or terminate the debarment if it finds that the Contractor has adequately demonstrated one or more of the following: (1) elimination of the grounds for which the debarment was imposed; (2) a bona fide change in ownership or management; (3) material evidence discovered after debarment was imposed; or (4) any other reason that is in the best interests of the District.

The Contractor Hearing Board will consider a request for review of a debarment determination only where (1) the Contractor has been debarred for a period longer than five years; (2) the debarment has been in effect for a least five years; and (3) the request is in writing, states one or more of the grounds for reduction of the debarment period or termination of the debarment, and includes support documentation. Upon receiving an appropriate request, the Contractor Hearing Board will provide notice of the hearing on the request. At the hearing, the Contractor Hearing Board shall conduct a hearing where evidence on the proposed reduction of debarment period or termination of debarment is presented. This hearing shall be conducted and the request for review decided by the Contractor Hearing Board pursuant to the same procedures as for a debarment hearing.

The Contractor Hearing Board's proposed decision shall contain a recommendation on the request to reduce the period of debarment or terminate the debarment. The Contractor Hearing Board shall present its proposed decision and recommendation to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of the Contractor Hearing Board.

#### **8.12.6 Subcontractors of Contractor**

These terms shall also apply to Subcontractors of District Contractors.

#### **8.13 CONTRACTOR'S ACKNOWLEDGEMENT OF DISTRICT'S COMMITMENT TO THE SAFELY SURRENDERED BABY LAW**

The Contractor acknowledges that the District places a high priority on the implementation of the Safely Surrendered Baby Law. The Contractor understands that it is the District's policy to encourage all District Contractors to voluntarily post the District's "Safely Surrendered Baby Law" poster in a prominent position at the Contractor's place of business. The Contractor will also encourage its Subcontractors, if any, to post this poster in a prominent position in the Subcontractor's place of business. The County's Department of Children and Family Services will supply the Contractor with the poster to be used.

#### **8.14 CONTRACTOR'S WARRANTY OF ADHERENCE TO DISTRICT'S CHILD SUPPORT COMPLIANCE PROGRAM**

**8.14.1** The Contractor acknowledges that the District has established a goal of ensuring that all individuals who benefit financially from the District through Contract or Purchase Order are in compliance with their court-ordered child, family and spousal support obligations in order to

mitigate the economic burden otherwise imposed upon the County and its taxpayers.

**8.14.2** As required by the District's Child Support Compliance Program (County Code Chapter 2.200) and without limiting the Contractor's duty under this Contract to comply with all applicable provisions of law, the Contractor warrants that it is now in compliance and shall during the term of this Contract maintain compliance with employment and wage reporting requirements as required by the Federal Social Security Act (42 USC Section 653a) and California Unemployment Insurance Code Section 1088.5, and shall implement all lawfully served Wage and Earnings Withholding Orders or Child Support Services Department Notices of Wage and Earnings Assignment for Child or Spousal Support, pursuant to Code of Civil Procedure Section 706.031 and Family Code Section 5246(b).

**8.14.3 Contractors Acknowledgement of District's Commitment to Child Support Enforcement:** The Contractor acknowledges that the District places a high priority on the enforcement of child support laws and the apprehension of child support evaders. The Contractor understands that it is the District's policy to encourage all District Contractors to voluntarily post the District's "L.A.'s Most Wanted: Delinquent Parents" poster in a prominent position at the Consultant's place of business. The County's Child Support Services Department will supply the Contractor with the poster to be used.

## **8.15 DISTRICT'S QUALITY ASSURANCE PLAN**

The District or its agent will evaluate the Contractor's performance under this Contract on not less than an annual basis. Such

evaluation will include assessing the Contractor's compliance with all Contract terms and conditions and performance standards. Contractor deficiencies which the District determines are severe or continuing and that may place performance of the Contract in jeopardy if not corrected will be reported to the Board of Supervisors. The report will include improvement/corrective action measures taken by the District and the Contractor. If improvement does not occur consistent with the corrective action measures, the District may terminate this Contract or impose other penalties as specified in this Contract.

#### **8.16 DAMAGE TO DISTRICT FACILITIES, BUILDINGS OR GROUNDS**

**8.16.1** Contractor shall repair, or cause to be repaired, at its own cost, any and all damage to District facilities, buildings, or grounds caused by Contractor or employees or agents of Contractor. Such repairs shall be made immediately after Contractor has become aware of such damage, but in no event later than thirty (30) days after the occurrence.

**8.16.2** If Contractor fails to make timely repairs, District may make any necessary repairs. All costs incurred by District, as determined by District, for such repairs shall be repaid by Contractor by cash payment upon demand.

#### **8.17 EMPLOYMENT ELIGIBILITY VERIFICATION**

The Contractor warrants that it fully complies with all Federal and State statutes and regulations regarding the employment of aliens and others and that all its employees performing work under this Contract meet the citizenship or alien status requirements set forth in Federal and State statutes and regulations. The Contractor shall obtain, from all employees performing work hereunder, all verification and other documentation of employment eligibility status required by Federal and State statutes and regulations including,

but not limited to, the Immigration Reform and Control Act of 1986, (P.L. 99-603), or as they currently exist and as they may be hereafter amended. The Contractor shall retain all such documentation for all covered employees for the period prescribed by law. The Contractor shall indemnify, defend, and hold harmless, the District, its agents, officers, and employees from employer sanctions and any other liability which may be assessed against the Contractor or the District or both in connection with any alleged violation of any Federal or State statutes or regulations pertaining to the eligibility for employment of any persons performing work under this Contract.

#### **8.18 FACSIMILE REPRESENTATIONS**

The District and the Contractor hereby agree to regard facsimile representations of original signatures of authorized officers of each party, when appearing in appropriate places on the Change Notices and Amendments prepared pursuant to Sub-paragraph 8.4, and received via communications facilities, as legally sufficient evidence that such original signatures have been affixed to Change Notices and Amendments to this Contract, such that the parties need not follow up facsimile transmissions of such documents with subsequent (non-facsimile) transmission of "original" versions of such documents.

#### **8.19 FAIR LABOR STANDARDS**

The Contractor shall comply with all applicable provisions of the Federal Fair Labor Standards Act and shall indemnify, defend, and hold harmless the District and its agents, officers, and employees from any and all liability, including, but not limited to, wages, overtime pay, liquidated damages, penalties, court costs, and attorneys' fees arising under any wage and hour law, including, but not limited to, the Federal Fair Labor Standards Act, for work

performed by the Contractor's employees for which the District may be found jointly or solely liable.

## **8.20 GOVERNING LAW, JURISDICTION, AND VENUE**

This Contract shall be governed by, and construed in accordance with, the laws of the State of California. The Contractor agrees and consents to the exclusive jurisdiction of the courts of the State of California for all purposes regarding this Contract and further agrees and consents that venue of any action brought hereunder shall be exclusively in the County of Los Angeles.

## **8.21 INDEPENDENT CONTRACTOR STATUS**

**8.21.1** This Contract is by and between the District and the Contractor and is not intended, and shall not be construed, to create the relationship of agent, servant, employee, partnership, joint venture, or association, as between the District and the Contractor. The employees and agents of one party shall not be, or be construed to be, the employees or agents of the other party for any purpose whatsoever.

**8.21.2** The Contractor shall be solely liable and responsible for providing to, or on behalf of, all persons performing work pursuant to this Contract all compensation and benefits. The District shall have no liability or responsibility for the payment of any salaries, wages, unemployment benefits, disability benefits, Federal, State, or local taxes, or other compensation, benefits, or taxes for any personnel provided by or on behalf of the Contractor.

**8.21.3** The Contractor understands and agrees that all persons performing work pursuant to this Contract are, for purposes of Workers' Compensation liability, solely employees of the Contractor and not employees of the District. The Contractor shall be solely liable and responsible for furnishing any and

all Workers' Compensation benefits to any person as a result of any injuries arising from or connected with any work performed by or on behalf of the Contractor pursuant to this Contract.

**8.21.4** As previously instructed in Sub-paragraph 7.3 Confidentiality, the Contractor shall cause each employee performing services covered by this Contract to sign and adhere to the *“Contractor Employee Acknowledgment, & Confidentiality,” Exhibit F1*. The Contractor shall cause each non-employee performing services covered by this Contract to sign and adhere to *the “Contractor Non-Employee Acknowledgment, & Confidentiality,” Exhibit F2*.

## **8.22 INDEMNIFICATION**

The Contractor shall indemnify, defend and hold harmless the District, the County, its Special Districts, elected and appointed officers, employees, and agents from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from or connected with the Contractor's acts and/or omissions arising from and/or relating to this Contract.

## **8.23 GENERAL INSURANCE REQUIREMENTS**

Without limiting the Contractor's indemnification of the District and during the term of this Contract, the Contractor shall provide and maintain, and shall require all of its subcontractors to maintain, the following programs of insurance specified in this Contract. Such insurance shall be primary to and not contributing with any other insurance or self-insurance programs maintained by the District. Such coverage shall be provided and maintained at the Contractor's own expense.

**8.23.1 Evidence of Insurance:** Certificate(s) or other evidence of coverage satisfactory to the County shall be delivered to:

*Consolidated Fire Protection District of  
Los Angeles County*

*Materials Management Division / Contracts Section  
5801 S. Eastern Avenue, Suite 100  
Commerce, California 90040-4001*

**prior** to commencing services under this Contract. Such certificates or other evidence shall:

- Specifically identify this Contract;
- Clearly evidence all coverage's required in this Contract;
- Contain the express condition that the District is to be given written notice by mail at least thirty (30) days in advance of cancellation for all policies evidenced on the certificate of insurance;
- Include copies of the additional insured endorsement to the commercial general liability policy, adding the County of Los Angeles, its Special Districts, its officials, officers and employees as insured for all activities arising from this Contract; and
- Identify any deductibles or self-insured retentions for the District's approval. The District retains the right to require the Contractor to reduce or eliminate such deductibles or self-insured retentions as they apply to the District, or, require the Contractor to provide a bond guaranteeing payment of all such retained losses and related costs, including, but not limited to, expenses or fees, or both, related to investigations, claims

administrations, and legal defense. Such bond shall be executed by a corporate surety licensed to transact business in the State of California.

**8.23.2 Insurer Financial Ratings:** Insurance is to be provided by an insurance company acceptable to the District with an A.M. Best rating of not less than A:VII unless otherwise approved by the District.

**8.23.3 Failure to Maintain Coverage:** Failure by the Contractor to maintain the required insurance, or to provide evidence of insurance coverage acceptable to the District, shall constitute a material breach of the Contract upon which the District may immediately terminate or suspend this Contract. The District, at its sole option, may obtain damages from the Contractor resulting from said breach. Alternatively, the District may purchase such required insurance coverage, and without further notice to the Contractor, the District may deduct from sums due to the Contractor any premium costs advanced by the District for such insurance.

**8.23.4 Notification of Incidents, Claims or Suits: Contractor shall report to the District:**

- Any accident or incident relating to services performed under this Contract which involves injury or property damage which may result in the filing of a claim or lawsuit against the Contractor and/or the District. Such report shall be made in writing within 24 hours of occurrence.
- Any third party claim or lawsuit filed against the Contractor arising from or related to services performed by the Contractor under this Contract.

- Any injury to a Contractor employee that occurs on District property. This report shall be submitted on a District “Non-employee Injury Report” to the District’s Contract Administrator.
- Any loss, disappearance, destruction, misuse, or theft of any kind whatsoever of District property, monies or securities entrusted to the Contractor under the terms of this Contract.

**8.23.5 Compensation for District Costs:** In the event that the Contractor fails to comply with any of the indemnification or insurance requirements of this Contract, and such failure to comply results in any costs to the District, the Contractor shall pay full compensation for all costs incurred by the District.

**8.23.6 Insurance Coverage Requirements for Subcontractors:** The Contractor shall ensure any and all subcontractors performing services under this Contract meet the insurance requirements of this Contract by either:

- The Contractor providing evidence of insurance covering the activities of subcontractors, or
- The Contractor providing evidence submitted by subcontractors evidencing that subcontractors maintain the required insurance coverage. The District retains the right to obtain copies of evidence of subcontractor insurance coverage at any time.

## **8.24 INSURANCE COVERAGE REQUIREMENTS**

Without limiting the Contractor's indemnification of the County or District and during the term of this Contract, the Contractor shall provide and maintain, and shall require all of its subcontractors to

maintain, the following programs of insurance specified in this Contract. Such insurance shall be primary to and not contributing with any other insurance or self-insurance programs maintained by the County. Such coverage shall be provided and maintained at the Contractor's own expense:

**8.24.1 General Liability** insurance written on ISO policy form CG 00 01 or its equivalent with limits of not less than the following:

General Aggregate:	\$2 million
Products/Completed Operations Aggregate:	\$2 million
Personal and Advertising Injury:	\$1 million
Each Occurrence:	\$1 million

**8.24.2 Automobile Liability** written on ISO policy form CA 00 01 or its equivalent with a limit of liability of not less than \$1 million for each accident. Such insurance shall include coverage for all "owned," "hired" and "non-owned" vehicles, or coverage for "any auto." This insurance shall also provide garagekeepers coverage with a limit of not less than \$1 million per occurrence covering physical damage and theft of District vehicles left with Contractor for servicing, repair, storage or safekeeping.

**OR**

**8.24.3 Garage Liability** insurance written on standard ISO policy form or its equivalent and includes, without limitation, Covered Autos for "any auto" with limits of not less than \$1 million per accident, Liability Coverage that provides premises/operations, products/completed operations, contractual and broad form property damage with limits not less than \$1 million per occurrence and Garage Keepers Coverage with limits of not less than \$1 million per occurrence covering physical damage and theft of District's vehicles left with Contractor for servicing, repair, storage

or safekeeping. The policy shall have an aggregate limit of two times the per occurrence limit.

**Exception:** If Contractor provides component repairs which do not require the Contractor to take possession of any District vehicles to complete such repairs, then Contractor may have insurance limits of \$500,000 per occurrence and a \$500,000 aggregate for General Liability, Automobile Liability and Garage Liability.

**8.24.4 Workers' Compensation and Employers' Liability**

insurance providing workers' compensation benefits, as required by the Labor Code of the State of California or by any other state, and for which the Contractor is responsible. If the Contractor's employees will be engaged in maritime employment, coverage shall provide workers' compensation benefits as required by the U.S. Longshore and Harbor Workers' Compensation Act, Jones Act or any other federal law for which the Contractor is responsible.

In all cases, the above insurance also shall include Employers' Liability coverage with limits of not less than the following:

Each Accident:	\$1 million
Disease - policy limit:	\$1 million
Disease - each employee:	\$1 million

**8.24.5 *For Contractors that provide sea craft maintenance and repair services, the requirements of their Contract must also include:***

**Ship Repairers' Liability** insurance of at least \$1 million with a minimum aggregate of \$2 million covering loss and/or damage to Districts sea craft(s), including the sea

craft's equipment and contents left in the care/custody and control of Contractor for maintenance, alterations and/or repair services. ***(This insurance would replace the requirement for Garage Liability or Garage Keepers Liability unless the Contractor also provides maintenance and repair services to the Districts fleet vehicles.)***

## **8.25 LIQUIDATED DAMAGES**

**8.25.1** If, in the judgment of the District, the Contractor is deemed to be non-compliant with the terms and obligations assumed hereby, the District, or his/her designee, at his/her option, in addition to, or in lieu of, other remedies provided herein, may withhold the entire monthly payment or deduct pro rata from the Contractor's invoice for work not performed. The work not performed and the amount to be withheld or deducted from payments to the Contractor from the District, will be forwarded to the Contractor by the District, or his/her designee, in a written notice describing the reasons for said action.

**8.25.2** If the District determines that there are deficiencies in the performance of this Contract that the District deems are correctable by the Contractor over a certain time span, the District will provide a written notice to the Contractor to correct the deficiency within specified time frames. Should the Contractor fail to correct deficiencies within said time frame, the District may:

(a) Deduct from the Contractor's payment, pro rata, those applicable portions of the Monthly Contract Sum; and/or

(b) Deduct liquidated damages. The parties agree that it will be impracticable or extremely difficult to fix the extent of actual damages resulting from the failure of the

Contractor to correct a deficiency within the specified time frame. The parties hereby agree that under the current circumstances a reasonable estimate of such damages is One Hundred Dollars (\$100) per day per infraction, or as specified in the *Performance Requirements Summary (PRS) Chart*, as defined in *Appendix C, Technical Exhibit 2*, hereunder, and that the Contractor shall be liable to the District for liquidated damages in said amount. Said amount shall be deducted from the District's payment to the Contractor; and/or

(c) Upon giving five (5) days notice to the Contractor for failure to correct the deficiencies, the District may correct any and all deficiencies and the total costs incurred by the District for completion of the work by an alternate source, whether it be District forces or separate private contractor, will be deducted and forfeited from the payment to the Contractor from the District, as determined by the District.

**8.25.3** The action noted in Sub-paragraph 8.25.2 shall not be construed as a penalty, but as adjustment of payment to the Contractor to recover the District cost due to the failure of the Contractor to complete or comply with the provisions of this Contract.

**8.25.4** This Sub-paragraph shall not, in any manner, restrict or limit the District's right to damages for any breach of this Contract provided by law or as specified in the PRS or Sub-paragraph 8.25.2, and shall not, in any manner, restrict or limit the District's right to terminate this Contract as agreed to herein.

## **8.26 MOST FAVORED PUBLIC ENTITY**

If the Contractor's prices decline, or should the Contractor at any time during the term of this Contract provide the same goods or

services under similar quantity and delivery conditions to the State of California or any county, municipality, or district of the State at prices below those set forth in this Contract, then such lower prices shall be immediately extended to the District.

## **8.27 NONDISCRIMINATION AND AFFIRMATIVE ACTION**

**8.27.1** The Contractor certifies and agrees that all persons employed by it, its affiliates, subsidiaries, or holding companies are and shall be treated equally without regard to or because of race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation, in compliance with all applicable Federal and State anti-discrimination laws and regulations.

**8.27.2** The Contractor shall certify to, and comply with, the provisions of *Exhibit C - Contractor's EEO Certification*.

**8.27.3** The Contractor shall take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation, in compliance with all applicable Federal and State anti-discrimination laws and regulations. Such action shall include, but is not limited to, employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

**8.27.4** The Contractor certifies and agrees that it will deal with its subcontractors, bidders, or vendors without regard to or because of race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation.

- 8.27.5** The Contractor certifies and agrees that it, its affiliates, subsidiaries, or holding companies shall comply with all applicable Federal and State laws and regulations to the end that no person shall, on the grounds of race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this Contract or under any project, program, or activity supported by this Contract.
- 8.27.6** The Contractor shall allow District representatives access to the Contractor's employment records during regular business hours to verify compliance with the provisions of this Sub-paragraph 8.27 when so requested by the District.
- 8.27.7** If the District finds that any provisions of this Sub-paragraph 8.27 have been violated, such violation shall constitute a material breach of this Contract upon which the District may terminate or suspend this Contract. While the District reserves the right to determine independently that the anti-discrimination provisions of this Contract have been violated, in addition, a determination by the California Fair Employment Practices Commission or the Federal Equal Employment Opportunity Commission that the Contractor has violated Federal or State anti-discrimination laws or regulations shall constitute a finding by the District that the Contractor has violated the anti-discrimination provisions of this Contract.
- 8.27.8** The parties agree that in the event the Contractor violates any of the anti-discrimination provisions of this Contract, the District shall, at its sole option, be entitled to the sum of Five Hundred Dollars (\$500) for each such violation pursuant to

California Civil Code Section 1671 as liquidated damages in lieu of terminating or suspending this Contract.

**8.28 NON-EXCLUSIVITY**

Nothing herein is intended nor shall be construed as creating any exclusive arrangement with Contractor. This Contract shall not restrict District from acquiring similar, equal or like goods and/or services from other entities or sources.

**8.29 NOTICE OF DELAYS**

Except as otherwise provided under this Contract, when either party has knowledge that any actual or potential situation is delaying or threatens to delay the timely performance of this Contract, that party shall, within one (1) day, give notice thereof, including all relevant information with respect thereto, to the other party.

**8.30 NOTICE OF DISPUTES**

The Contractor shall bring to the attention of the District Contract Administrator and/or District Contract Director any dispute between the District and the Contractor regarding the performance of services as stated in this Contract. If the District Contract Administrator and/or District Contract Director is not able to resolve the dispute, the District or designee, shall resolve it.

**8.31 NOTICE TO EMPLOYEES REGARDING THE FEDERAL EARNED INCOME CREDIT**

The Contractor shall notify its employees, and shall require each subcontractor to notify its employees, that they may be eligible for the Federal Earned Income Credit under the federal income tax laws. Such notice shall be provided in accordance with the requirements set forth in Internal Revenue Service Notice No. 1015.

### **8.32 NOTICE TO EMPLOYEES REGARDING THE SAFELY SURRENDERED BABY LAW**

The Contractor shall notify and provide to its employees, and shall require each subcontractor to notify and provide to its employees, a fact sheet regarding the Safely Surrendered Baby Law, its implementation in Los Angeles County, and where and how to safely surrender a baby. The fact sheet is set forth in *Exhibit H, Safely Surrendered Baby Law*, of this Contract and is also available on the Internet at [www.babysafela.org](http://www.babysafela.org) for printing purposes.

### **8.33 NOTICES**

All notices or demands required or permitted to be given or made under this Contract shall be in writing and shall be hand delivered with signed receipt or mailed by first-class registered or certified mail, postage prepaid, addressed to the parties as identified in *Exhibits D - District's Administration* and *E - Contractor's Administration*. Addresses may be changed by either party giving ten (10) days' prior written notice thereof to the other party. The District shall have the authority to issue all notices or demands required or permitted by the District under this Contract.

### **8.34 PROHIBITION AGAINST INDUCEMENT OR PERSUASION**

Notwithstanding the above, the Contractor and the District agree that, during the term of this Contract and for a period of one year thereafter, neither party shall in any way intentionally induce or persuade any employee of one party to become an employee or agent of the other party. No bar exists against any hiring action initiated through a public announcement.

### **8.35 PUBLIC RECORDS ACT**

**8.35.1** Any documents submitted by Contractor; all information obtained in connection with the District's right to audit and inspect Contractor's documents, books, and accounting

records pursuant to Sub-paragraph 8.37 - Record Retention and Inspection/Audit Settlement of this Contract; as well as those documents which were required to be submitted in response to the Invitation for Bid (IFB) used in the solicitation process for this Contract, become the exclusive property of the District. All such documents become a matter of public record and shall be regarded as public records. Exceptions will be those elements in the California Government Code Section 6250 et seq. (Public Records Act) and which are marked "trade secret", "confidential", or "proprietary". The District shall not in any way be liable or responsible for the disclosure of any such records including, without limitation, those so marked, if disclosure is required by law, or by an order issued by a court of competent jurisdiction.

**8.35.2** In the event the District is required to defend an action on a Public Records Act request for any of the aforementioned documents, information, books, records, and/or contents of a proposal marked "trade secret", "confidential", or "proprietary", the Contractor agrees to defend and indemnify the District from all costs and expenses, including reasonable attorney's fees, in action or liability arising under the Public Records Act.

## **8.36 PUBLICITY**

**8.36.1** The Contractor shall not disclose any details in connection with this Contract to any person or entity except as may be otherwise provided hereunder or required by law. However, in recognizing the Contractor's need to identify its services and related clients to sustain itself, the District shall not inhibit the Contractor from publishing its role under this Contract within the following conditions:

- The Contractor shall develop all publicity material in a professional manner; and
- During the term of this Contract, the Contractor shall not, and shall not authorize another to, publish or disseminate any commercial advertisements, press releases, feature articles, or other materials using the name of the District without the prior written consent of the District's Contract Director. The District shall not unreasonably withhold written consent.

**8.36.2** The Contractor may, without the prior written consent of District, indicate in its proposals and sales materials that it has been awarded this Contract with the District, provided that the requirements of this Sub-paragraph 8.36 shall apply.

### **8.37 RECORD RETENTION AND INSPECTION/AUDIT SETTLEMENT**

The Contractor shall maintain accurate and complete financial records of its activities and operations relating to this Contract in accordance with generally accepted accounting principles. The Contractor shall also maintain accurate and complete employment and other records relating to its performance of this Contract. The Contractor agrees that the District, or their authorized representatives, shall have access to and the right to examine, audit, excerpt, copy, or transcribe any pertinent transaction, activity, or records relating to this Contract. All such material, including, but not limited to, all financial records, timecards and other employment records, and proprietary data and information, shall be kept and maintained by the Contractor and shall be made available to the District during the term of this Contract and for a period of five (5) years thereafter unless the District's written permission is given to dispose of any such material prior to such time. All such material

shall be maintained by the Contractor at a location in Los Angeles County, provided that if any such material is located outside Los Angeles County, then, at the District's option, the Contractor shall pay the District for travel, per diem, and other costs incurred by the District to examine, audit, excerpt, copy, or transcribe such material at such other location.

**8.37.1** In the event that an audit of the Contractor is conducted specifically regarding this Contract by any Federal or State auditor, or by any auditor or accountant employed by the Contractor or otherwise, then the Contractor shall file a copy of such audit report with the County's Auditor-Controller within thirty (30) days of the Contractor's receipt thereof, unless otherwise provided by applicable Federal or State law or under this Contract. The County shall make a reasonable effort to maintain the confidentiality of such audit report(s).

**8.37.2** Failure on the part of the Contractor to comply with any of the provisions of this Sub-paragraph 8.37 shall constitute a material breach of this Contract upon which the District may terminate or suspend this Contract.

**8.37.3** If, at any time during the term of this Contract or within five (5) years after the expiration or termination of this Contract, representatives of the District may conduct an audit of the Contractor regarding the work performed under this Contract, and if such audit finds that the District's dollar liability for any such work is less than payments made by the District to the Contractor, then the difference shall be either: a) repaid by the Contractor to the District by cash payment upon demand or b) at the sole option of the County's Auditor-Controller, deducted from any amounts due to the Contractor from the District, whether under this

Contract or otherwise. If such audit finds that the District's dollar liability for such work is more than the payments made by the District to the Contractor, then the difference shall be paid to the Contractor by the District by cash payment, provided that in no event shall the District's maximum obligation for this Contract exceed the funds appropriated by the District for the purpose of this Contract.

### **8.38 RECYCLED BOND PAPER**

Consistent with the Board of Supervisors' policy to reduce the amount of solid waste deposited at the County landfills, the Contractor agrees to use recycled-content paper to the maximum extent possible on this Contract.

### **8.39 SUBCONTRACTING**

**8.39.1** The requirements of this Contract may not be subcontracted by the Contractor **without the advance approval of the District**. Any attempt by the Contractor to subcontract without the prior consent of the District may be deemed a material breach of this Contract.

**8.39.2** The Contractor shall only subcontract a portion of the work.

**8.39.3** If the Contractor desires to subcontract, the Contractor shall provide the following information promptly at the

District's request:

- A description of the work to be performed by the subcontractor;
- A draft copy of the proposed subcontract; and
- Other pertinent information and/or certifications requested by the District.

- 8.39.4** The Contractor shall indemnify and hold the District harmless with respect to the activities of each and every subcontractor in the same manner and to the same degree as if such subcontractor(s) were Contractor employees.
- 8.39.5** The Contractor shall remain fully responsible for all performances required of it under this Contract, including those that the Contractor has determined to subcontract, notwithstanding the District's approval of the Contractor's proposed subcontract.
- 8.39.6** The District's consent to subcontract shall not waive the District's right to prior and continuing approval of any and all personnel, including subcontractor employees, providing services under this Contract. The Contractor is responsible to notify its subcontractors of this District right.
- 8.39.7** The District Contract Director is authorized to act for and on behalf of the District with respect to approval of a subcontract and subcontractor employees.
- 8.39.8** The Contractor shall be solely liable and responsible for all payments or other compensation to all subcontractors and their officers, employees, agents, and successors in interest arising through services performed hereunder, notwithstanding the District's consent to subcontract.
- 8.39.9** The Contractor shall obtain certificates of insurance, which establish that the subcontractor maintains all the programs of insurance required by the District from each approved subcontractor. The Contractor shall ensure delivery of all such documents to:

*Consolidated Fire Protection District of Los Angeles County  
Materials Management Division / Contracts Section  
5801 S. Eastern Avenue, Suite 100  
Commerce, California 90040-4001*

before any subcontractor employee may perform any work hereunder.

**8.40 TERMINATION FOR BREACH OF WARRANTY TO MAINTAIN CHILD SUPPORT COMPLIANCE**

Failure of the Contractor to maintain compliance with the requirements set forth in Sub-paragraph 8.14 - Contractor's Warranty of Adherence to District's Child Support Compliance Program, shall constitute default under this Contract. Without limiting the rights and remedies available to the District under any other provision of this Contract, failure of Contractor to cure such default within 90 calendar days of written notice shall be grounds upon which the District may terminate this Contract pursuant to Sub-paragraph 8.42 - Termination for Default and pursue debarment of Contractor, pursuant to County Code Chapter 2.202.

**8.41 TERMINATION FOR CONVENIENCE**

**8.41.1** This Contract may be terminated, in whole or in part, from time to time, when such action is deemed by the District, at its sole discretion, to be in its best interest. Termination of work hereunder shall be effected by notice of termination to Contractor specifying the extent to which performance of work is terminated and the date upon which such termination becomes effective. The date upon which such termination becomes effective shall be no less than ten (10) days after the notice is sent.

**8.41.2** After receipt of a notice of termination and except as otherwise directed by the District, the Contractor shall:

- Stop work under this Contract on the date and to the extent specified in such notice, and
- Complete performance of such part of the work as shall not have been terminated by such notice.

**8.41.3** All material including books, records, documents, or other evidence bearing on the costs and expenses of the Contractor under this Contract shall be maintained by the Contractor in accordance with Sub-paragraph 8.37, Record Retention & Inspection/Audit Settlement.

## **8.42 TERMINATION FOR DEFAULT**

**8.42.1** The District may, by written notice to the Contractor, terminate the whole or any part of this Contract, if, in the judgment of District's Contract Director:

- Contractor has materially breached this Contract;
- Contractor fails to timely provide and/or satisfactorily perform any task, deliverables, service, or other work required either under this Contract; or
- Contractor fails to demonstrate a high probability of timely fulfillment of performance requirements under this Contract, or of any obligations of this Contract and in either case, fails to demonstrate convincing progress toward a cure within five (5) working days (or such longer period as the District may authorize in writing) after receipt of written notice from the District specifying such failure.

**8.42.2** In the event that the District terminates this Contract in whole or in part as provided in Sub-paragraph 8.42.1, the District may procure, upon such terms and in such manner as the District may deem appropriate, goods and services

similar to those so terminated. The Contractor shall be liable to the District for any and all excess costs incurred by the District, as determined by the District, for such similar goods and services. The Contractor shall continue the performance of this Contract to the extent not terminated under the provisions of this sub-paragraph.

**8.42.3** Except with respect to defaults of any subcontractor, the Contractor shall not be liable for any such excess costs of the type identified in Sub-paragraph 8.42.2 if its failure to perform this Contract arises out of causes beyond the control and without the fault or negligence of the Contractor. Such causes may include, but are not limited to; acts of God or of the public enemy, acts of the County in either its sovereign or contractual capacity, acts of Federal or State governments in their sovereign capacities, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes, and unusually severe weather; but in every case, the failure to perform must be beyond the control and without the fault or negligence of the Contractor. If the failure to perform is caused by the default of a subcontractor, and if such default arises out of causes beyond the control of both the Contractor and subcontractor, and without the fault or negligence of either of them, the Contractor shall not be liable for any such excess costs for failure to perform, unless the goods or services to be furnished by the subcontractor were obtainable from other sources in sufficient time to permit the Contractor to meet the required performance schedule. As used in this Sub-paragraph 8.42.3, the terms "subcontractor" and "subcontractors" mean subcontractor(s) at any tier.

**8.42.4** If, after the District has given notice of termination under the provisions of this Sub-paragraph 8.42, it is determined by the District that the Contractor was not in default under the provisions of this Sub-paragraph 8.42, or that the default was excusable under the provisions of Sub-paragraph 8.42.3, the rights and obligations of the parties shall be the same as if the notice of termination had been issued pursuant to Sub-paragraph 8.41- Termination for Convenience.

**8.42.5** In the event the District terminates this Contract in its entirety due to the Contractor's default as provided in Sub-paragraph 8.42.1, the Contractor and the District agree that the District will have sustained actual damages, which are extremely difficult to calculate and impracticable to fix and which will include, but are not limited to, the District's costs of procurement of replacement services and costs incurred due to delays in procuring such services. Therefore, the Contractor and the District agree that the District shall, at its sole option and in lieu of the provisions of Sub-paragraph 8.42.2, be entitled to liquidated damages from the Contractor, pursuant to California Civil Code Section 1671, in the amount of Five Thousand Dollars (\$5,000) or five percent (5%) of the applicable year's Contract sum, whichever is less, as equitable compensation to the District for such actual damages. This amount of liquidated damages shall be either paid by the Contractor to the District by cash payment upon demand or, at the sole discretion of the District, or designee, deducted from any amounts due to the Contractor by the District, whether under this Contract or otherwise.

These liquidated damages shall be in addition to any credits, which the District is otherwise entitled to under this Contract, and the Contractor's payment of these liquidated damages shall not in any way change, or affect the provisions of Sub-paragraph 8.22 - Indemnification.

**8.42.6** The rights and remedies of the District provided in this Sub-paragraph 8.42 shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Contract.

### **8.43 TERMINATION FOR IMPROPER CONSIDERATION**

**8.43.1** The District may, by written notice to the Contractor, immediately terminate the right of the Contractor to proceed under this Contract if it is found that consideration, in any form, was offered or given by the Contractor, either directly or through an intermediary, to any District officer, employee, or agent with the intent of securing this Contract or securing favorable treatment with respect to the award, amendment, or extension of this Contract or the making of any determinations with respect to the Contractor's performance pursuant to this Contract. In the event of such termination, the District shall be entitled to pursue the same remedies against the Contractor as it could pursue in the event of default by the Contractor.

**8.43.2** The Contractor shall immediately report any attempt by a District officer or employee to solicit such improper consideration. The report shall be made either to the District Contract Director charged with the supervision of the employee or to the County Auditor-Controller's Employee Fraud Hotline at (800) 544-6861.

**8.43.3** Among other items, such improper consideration may take the form of cash, discounts, service(s), the provision of travel or entertainment, or tangible gifts.

#### **8.44 TERMINATION FOR INSOLVENCY**

**8.44.1** The District may terminate this Contract forthwith in the event of the occurrence of any of the following:

- Insolvency of the Contractor. The Contractor shall be deemed to be insolvent if it has ceased to pay its debts for at least sixty (60) days in the ordinary course of business or cannot pay its debts as they become due, whether or not a petition has been filed under the Federal Bankruptcy Code and whether or not the Contractor is insolvent within the meaning of the Federal Bankruptcy Code;
- The filing of a voluntary or involuntary petition regarding the Contractor under the Federal Bankruptcy Code;
- The appointment of a Receiver or Trustee for the Contractor; or
- The execution by the Contractor of a general assignment for the benefit of creditors.

**8.44.2** The rights and remedies of the District provided in this Sub-paragraph 8.44 shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Contract.

#### **8.45 TERMINATION FOR NON-ADHERENCE OF COUNTY LOBBYIST POLICY**

The Contractor, and each County Lobbyist or County Lobbying firm as defined in County Code Section 2.160.010 retained by the Contractor, shall fully comply with the County's Lobbyist Ordinance,

County Code Chapter 2.160. Failure on the part of the Contractor or any County Lobbyist or County Lobbying firm retained by the Contractor to fully comply with the County's Lobbyist Ordinance shall constitute a material breach of this Contract, upon which the District may in its sole discretion, immediately terminate or suspend this Contract.

#### **8.46 TERMINATION FOR NON-APPROPRIATION OF FUNDS**

Notwithstanding any other provision of this Contract, the District shall not be obligated for the Contractor's performance hereunder or by any provision of this Contract during any of the District's future fiscal years unless and until the Board of Supervisors appropriates funds for this Contract in the County's Budget for each such future fiscal year. In the event that funds are not appropriated for this Contract, then this Contract shall terminate as of June 30 of the last fiscal year for which funds were appropriated. The District shall notify the Contractor in writing of any such non-allocation of funds at the earliest possible date.

#### **8.47 VALIDITY**

If any provision of this Contract or the application thereof to any person or circumstance is held invalid, the remainder of this Contract and the application of such provision to other persons or circumstances shall not be affected thereby.

#### **8.48 WAIVER**

No waiver by the District of any breach of any provision of this Contract shall constitute a waiver of any other breach or of such provision. Failure of the District to enforce at any time, or from time to time, any provision of this Contract shall not be construed as a waiver thereof. The rights and remedies set forth in this Sub-paragraph 8.48 shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Contract.

## **8.49 WARRANTY AGAINST CONTINGENT FEES**

**8.49.1** The Contractor warrants that no person or selling agency has been employed or retained to solicit or secure this Contract upon any Contract or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees or bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business.

**8.49.2** For breach of this warranty, the District shall have the right to terminate this Contract and, at its sole discretion, deduct from the Contract price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

## **9.0 UNIQUE TERMS AND CONDITIONS**

### **9.1 LOCAL SMALL BUSINESS ENTERPRISE (SBE) PREFERENCE PROGRAM**

**9.1.1** This Contract is subject to the provisions of the County's ordinance entitled Local Business Enterprise Preference Program, as codified in Chapter 2.204 of the Los Angeles County Code.

**9.1.2** Contractor shall not knowingly and with the intent to defraud, fraudulently obtain, retain, attempt to obtain or retain, or aid another in fraudulently obtaining or retaining or attempting to obtain or retain certification as a Local Small Business Enterprise.

**9.1.3** Contractor shall not willfully and knowingly make a false statement with the intent to defraud, whether by affidavit, report, or other representation, to a District official or employee for the purpose of influencing the certification or

denial of certification of any entity as a Local Small Business Enterprise.

**9.1.4** If Contractor has obtained County certification as a Local Small Business Enterprise by reason of having furnished incorrect supporting information or by reason of having withheld information, and which knew, or should have known, the information furnished was incorrect or the information withheld was relevant to its request for certification, and which by reason of such certification has been awarded this Contract to which it would not otherwise have been entitled, shall:

1. Pay to the District any difference between the contract amount and what the District's costs would have been if the contract had been properly awarded;
2. In addition to the amount described in subdivision (1), be assessed a penalty in an amount of not more than 10 percent of the amount of the Contract; and
3. Be subject to the provisions of Chapter 2.202 of the Los Angeles County Code (Determinations of Contractor Non-responsibility and Contractor Debarment).

The above penalties shall also apply if Contractor is no longer eligible for certification as a result in a change of their status and Contractor failed to notify the State and the County's Office of Affirmative Action Compliance of this information.

IN WITNESS WHEREOF, the District has, by order of its Board of Supervisors, caused these presents to be subscribed by the Mayor of said Board and the seal of said Board to be affixed and attested by the Clerk thereof, and the Contractor has subscribed its name by and through its duly authorized officers, as of the day, month, and year first written above.

CONSOLIDATED FIRE PROTECTION  
DISTRICT OF LOS ANGELES COUNTY

By \_\_\_\_\_  
Michael D. Antonovich  
Mayor, Los Angeles County

ATTEST:

SACHI A. HAMAI  
Executive Officer of the  
Board of Supervisors of the  
County of Los Angeles

By \_\_\_\_\_  
Deputy

APPROVED AS TO FORM:

RAYMOND G. FORTNER, JR.  
County Counsel

By \_\_\_\_\_  
Deputy

CONTRACTOR NAME

By \_\_\_\_\_  
Its President

\_\_\_\_\_  
Type or Print Name

By \_\_\_\_\_  
Its Secretary

\_\_\_\_\_  
Type or Print Name



# COUNTY OF LOS ANGELES

## FIRE DEPARTMENT

1320 NORTH EASTERN AVENUE  
LOS ANGELES, CALIFORNIA 90063-3294  
(323) 881-2401

P. MICHAEL FREEMAN  
FIRE CHIEF  
FORESTER & FIRE WARDEN

### Fire Fleet Maintenance and Repair Services

### PRICE LISTS

# ATTACHMENT B

SERVING THE UNINCORPORATED AREAS OF LOS ANGELES COUNTY AND THE CITIES OF:

AGOURA HILLS  
ARTESIA  
AZUSA  
BALDWIN PARK  
BELL  
BELL GARDENS  
BELLFLOWER  
BRADBURY

CALABASAS  
CARSON  
CERRITOS  
CLAREMONT  
COMMERCE  
COVINA  
CUDAHY

DIAMOND BAR  
DUARTE  
EL MONTE  
GARDENA  
GLENORA  
HAWAIIAN GARDENS  
HAWTHORNE

HIDDEN HILLS  
HUNTINGTON PARK  
INDUSTRY  
INGLEWOOD  
IRWINDALE  
LA CANADA FLINTRIDGE  
LA HABRA

LA MIRADA  
LA PUENTE  
LAKEWOOD  
LANCASTER  
LAWNDALE  
LOMITA  
LYNWOOD

MALIBU  
MAYWOOD  
NORWALK  
PALMDALE  
PALOS VERDES ESTATES  
PARAMOUNT  
PICO RIVERA

POMONA  
RANCHO PALOS VERDES  
ROLLING HILLS  
ROLLING HILLS ESTATES  
ROSEMEAD  
SAN DIMAS  
SANTA CLARITA

SIGNAL HILL  
SOUTH EL MONTE  
SOUTH GATE  
TEMPLE CITY  
WALNUT  
WEST HOLLYWOOD  
WESTLAKE VILLAGE  
WHITTIER

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name A.V. Auto Body & Truck, Inc.  
 Address 45231 N. Trevor Avenue  
 City Lancaster State CA Zip 93534  
 Contact Name Joe Whitlow or Tim Sturm  
 Phone # (661) 945-0703 Fax # (661) 945-8760  
 24 Hour Contact \_\_\_\_\_ Toll Free # none  
 Business Days & Hours Monday-Friday 8am-5pm  
 Contractor License #: n/a  
 Other License (if applicable): City of Lancaster Business License  
 WEBVEN Vendor # (Required): signed up 3/27/06 REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ per flat rate see pg. 65  
 Overtime Hourly Rate: \$ per flat rate see pg. 65  
 Freight:  
 (FOB Destination - Show Freight as a separate line item) \$ per freight invoice  
 Fixed Fees or Unit Prices: \_\_\_\_\_  
(Attach Exhibit 1A, page 3 to define how your company charges for these services.)  
 \*Materials / Parts Markup Percentage: 15.0 %  
(The maximum bid allowance is 15 %)  
 \*Subcontracted Work Markup Percentage: 15.0 %  
(The maximum bid allowance is 15 %)

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME: A.V. Auto Body & Truck, Inc.

SERVICES	FIXED FEES / UNIT PRICE
Heavy Truck Body & Paint	= \$90 - per hour
Medium Truck Body & Paint	= \$75 - per hour
Auto/SUV/Light Truck Body	= \$46 - per hour
Auto/SUV/Light Truck Paint	= \$46 - per hour
Paint & Materials	= \$32 - per refinish hour
Heavy Truck Mech. & Frame	= \$ sublet cost plus 15%
Medium Truck Mech & Frame	= \$ sublet cost plus 15%
Auto/SUV/Light Truck Mech.	= \$75 - per hour
Auto/SUV/Light Truck Frame	= \$65 - per hour
Storage on Total Loss Vehicles	= \$25 - per day
Hazardous Waste Fees	= \$0.50 per refinish hour / \$15 - max
	= \$
	= \$
	= \$
	= \$

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
**Fire Fleet Maintenance and Repair Services**

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name AMERICAN EAGLE TRANSMISSION DBA A-1 TRANSMISSION  
 Address 937 W. MISSION BLVD  
 City POMONA State CA Zip 91766  
 Contact Name GARY KASBARIAN  
 Phone # (909) 620-6170 & (909) 620-5055 Fax # (909) 620-774  
 24 Hour Contact (909) 917-1715 Toll Free # N/A  
 Business Days & Hours MON.-FRI. 8:00AM-6:00PM SAT.8:00AM-4:00PM SUNDAY CLOSED  
 Contractor License #: N/A  
 Other License (if applicable): SEE ATTACHEMENT  
 WEBVEN Vendor # (Required): 13202001

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 65.00  
 Overtime Hourly Rate: \$ 0  
 Freight:  
 (FOB Destination – Show Freight as a separate line item) \$ 0  
 Fixed Fees or Unit Prices: (Attach Exhibit 1A, page 3 to define how your company charges for these services.)  
 \*Materials / Parts Markup Percentage:  
 (The maximum bid allowance is 15 %) 15 %  
 \*Subcontracted Work Markup Percentage:  
 (The maximum bid allowance is 15 %) 15 %

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, **DO NOT** use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF FIXED FEES OR UNIT PRICES**

FIRM NAME: AMERICAN EAGLE TRANSMISSION COMPLETE CAR CARE CENTER

SERVICES	FIXED FEES / UNIT PRICE
LUBE & OIL FILTER	= \$ 35.95
TRANSMISSION SERVICE	= \$ 69.95
PICK-UP DELIVERY	= \$ NO CHARGE
HAZARDOUS WASTE	= \$ 2.50
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

## Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Advanced Electronics, Inc.  
 Address 2601 Manhattan Beach Blvd.  
 City Redondo Beach State CA Zip 90278  
 Contact Name Andy Nunez  
 Phone # 310-725-0410 x.253 Fax # 310-643-8166  
 24 Hour Contact Tim Weaver Toll Free # 800-750-7234  
 Business Days & Hours Monday-Friday 8:00 am- 5:00 pm 24/7 On Call  
 Contractor License #: 755657  
 Other License (if applicable): \_\_\_\_\_  
 WEBVEN Vendor # (Required): 03714301 REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

***Please Note: Your pricing shall also be reflected on your invoice.***

**The hourly labor rates for this contract shall be:**Regular Hourly Rate: \$ 155.00 install & removalOvertime Hourly Rate: \$ 232.50 install & removalFreight:  
(FOB Destination – Show Freight as a separate line item) \$ N/AFixed Fees or Unit Prices: (Attach Exhibit 1A, page 3 to define how your company charges for these services.)\*Materials / Parts Markup Percentage:  
(The maximum bid allowance is 15%)List%\*Subcontracted Work Markup Percentage:  
(The maximum bid allowance is 15%)N/A%Travel Time \$90.00 per hour in 15 minute increments

**\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, *DO NOT* use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.**

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES

Business Name ADVANCED Systems Services, INC  
 Address 1082 AIRPORT DR  
 City Upland State CA Zip 91786  
 Contact Name Reed Wington  
 Phone # 909 949-9944 Fax # 909 949-2244  
 24 Hour Contact DAW Roach Toll Free # 800 440-4059  
 Business Days & Hours OFFICE MON-FRI 7am-5pm FRIDAY eve thru Sun  
 Contractor License #: 792602 C20 EMERGENCY SERVICE AVAILABLE

Other License (if applicable): \_\_\_\_\_

WEBVEN Vendor # (Required): 12798201

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

The hourly labor rates for this contract shall be:

Regular Hourly Rate: \$ 88.00

Overtime Hourly Rate: \$ 132.00

Freight:  
(FOB Destination – Show Freight as a separate line item) \$ COST

Fixed Fees or Unit Prices: \_\_\_\_\_  
(Attach Exhibit 1A, page 3 to define how your company charges for these services.)

\*Materials / Parts Markup Percentage:  
(The maximum bid allowance is 15%) LIST - 10 %

\*Subcontracted Work Markup Percentage:  
(The maximum bid allowance is 15%) COST + 15 %

\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, **DO NOT** use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME: ADVANCED SYSTEMS SERVICES, INC

SERVICES	FIXED FEES / UNIT PRICE
Vehicle destination Charge	= \$ 38.00
HAZARDOUS WASTE FEE	= \$ 13.50
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
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	= \$
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	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Atlas Radiator, Inc.

Address 10110 S. Norwalk Blvd.

City Santa Fe Springs State CA Zip 90670

Contact Name Eddie Cerda - George Cerda

Phone # (562) 944-6185 Fax # (562) 941-8151

24 Hour Contact Eddie Cerda Toll Free # (800) 244-8628

Business Days & Hours Monday-Friday 7 a.m - 5 p.m.

Contractor License #: \_\_\_\_\_

Other License (if applicable): City 0540-101100000

WEBVEN Vendor # (Required): 03881201

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 38.50

Overtime Hourly Rate: \$ 42.50

Freight: \$ \_\_\_\_\_  
(FOB Destination - Show Freight as a separate line item)

Fixed Fees or Unit Prices: \_\_\_\_\_  
*(Attach Exhibit 1A, page 3 to define how your company charges for these services.)*

\*Materials / Parts Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

\*Subcontracted Work Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
**Fire Fleet Maintenance and Repair Services**

**STATEMENT OF FIXED FEES OR UNIT PRICES**

FIRM NAME: Atlas Radiator, Inc

SERVICES	FIXED FEES / UNIT PRICE
Repair small Radiator	= \$ 38.50
Repair medium Radiator	= \$ 88.50
Repair large Radiator	= \$ 185.00
Repair large bolt-on Radiator	= \$ 363.00
Repair oil coolers	= \$ 88.50
Repair heaters	= \$ 68.50
Repair A/c condensers	= \$ 68.50
Repair air charge coolers	= \$ 225.00
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Baldwin Auto Body

Address 14941 E. Ramona BLVD

City BALDWIN PARK State CA Zip 91706

Contact Name Javier Montes

Phone # (626) 814-3144 Fax # (626) 814-1874

24 Hour Contact (626) 393-8947 Toll Free # \_\_\_\_\_

Business Days & Hours M-F 8-5

Contractor License #: \_\_\_\_\_

Other License (if applicable): \_\_\_\_\_

WEBVEN Vendor # (Required): 51144302

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 40.00

Overtime Hourly Rate: \$ 0

Freight: \$ 0  
 (FOB Destination – Show Freight as a separate line item)

Fixed Fees or Unit Prices: \_\_\_\_\_  
*(Attach Exhibit 1A, page 3 to define how your company charges for these services.)*

\*Materials / Parts Markup Percentage: 0 %  
 (The maximum bid allowance is 15 %)

\*Subcontracted Work Markup Percentage: 15 %  
 (The maximum bid allowance is 15 %)

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME: BALDWIN AUTO BODY

SERVICES	FIXED FEES / UNIT PRICE
Body	= \$ 40.00 Per hr
Paint	= \$ 40.00 " "
FRAME	= \$ 60.00 " "
MECH	= \$ 75.00 " "
MATERIALS	= \$ 26.00 " "
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

## Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name BECS A DIVISION OF ADP (USA), INC.  
 Address 2825 PELLISSIER PLACE  
 City WHITTIER State CALIFORNIA Zip 90601  
 Contact Name TOM WRIGHT JR (PROJECT MANAGER)  
 Phone # (562) 908-6890 Fax # (562) 692-5404  
 24 Hour Contact (TOM WRIGHT JR) Toll Free # (562) 692-5404  
 Business Days & Hours MONDAY THRU FRIDAY 6:30 A.M. TO 5:00 P.M.  
 Contractor License #: NOT APPLICABLE  
 Other License (if applicable): NOT APPLICABLE  
 WEBVEN Vendor # (Required): 12101401 REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**Regular Hourly Rate: \$ 79.50Overtime Hourly Rate: \$ 119.25Freight:  
(FOB Destination - Show Freight as a separate line item) \$ 0

Fixed Fees or Unit Prices: \_\_\_\_\_

(Attach Exhibit 1A, page 3 to define how your  
company charges for these services.)\*Materials / Parts Markup Percentage:  
(The maximum bid allowance is 15%) \_\_\_\_\_

15 %

\*Subcontracted Work Markup Percentage:  
(The maximum bid allowance is 15%) \_\_\_\_\_

15 %

\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, **DO NOT** use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.

## Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair ServicesSTATEMENT OF FIXED FEES OR UNIT PRICESFIRM NAME: BECS A DIVISION OF ADP USA, INC.

SERVICES	FIXED FEES / UNIT PRICE
G.M. 6.5 L INJECTION PUMP(ELECTR)	= \$ 1,050.00(EXCH)(\$150.00 core chrg)
G.M. 6.5 L INJECTION PUMP(MECH)	= \$ 675.00(EXCH)(\$300.00 core chrg)
G.M. 6.5/6.2L PUMP INSTALLATION KIT	\$ 25.00 each
G.M. 6.5/6.2L FUEL INJ INSTL KIT	= \$ 29.50 each
FORD 6.9/7.3 FUEL INJECTION PUMP	= \$ 435.00(EXCH)(\$300.00 core chrg)
FORD 6.9/7.3 FUEL INJECTOR	= \$ 28.00 (NEW)
FORD 7.3 HEUI FUEL INJECTOR	= \$245.00(NEW EXCH)(\$150.00 core chrg)
FORD 7.3L HIGH PRESSURE PUMP	= \$395.00(EXCH)(150.00 core chrg)
FORD 7.3L FUEL SUPPLY PUMP(MECH)	= \$ 139.00(NEW OUTRIGHT)
FORD 7.3L FUEL SUPPLY PUMP(ELEC)	= \$ 239.00(NEW OUTRIGHT)
CUMMINS AFC VS FUEL PUMP	= \$ 485.00(EXCH)(\$300.00 core chrg)
CUMMINS TOP STOP INJECTOR	= \$ 47.00(EXCH)(\$20.00 core chrg)
CUMMINS STC INJECTOR	= \$ 185.00(EXCH)(\$100.00 core chrg)
CUMMINS AFC FUEL PUMP	= \$ 395.00(EXCH)(\$300.00 core chrg)
G.M. 6.2/6.5 LITER FUEL INJECTOR	= \$ 39.50(EXCH)(\$15.00 core chrg)

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME: BECS A DIVISION OF ADP (USA), INC.

SERVICES	FIXED FEES / UNIT PRICE
CUMMINS CELECT INJECTOR	= \$ 295.00(EXCH)(\$150.00 core chrg)
CUMMINS CELECT FUEL PUMP	= \$ 395.00(EXCH)(\$200.00 core chrg)
CUMMINS ISB FUEL INJECTION PUMP	= \$ 1,095.00(EXCH)(\$500.00 core chrg)
CUMMINS ISB FUEL SUPPLY PUMP	= \$ 150.00 (NEW)
NOTE: FREE PICK UP AND DELIVERY	= \$ CORE CHARGE WILL ONLY APPLY
OF DIESEL FUEL PUMPS, INJECTORS	= \$ IF L.A.C.F.D. DOES NOT PROVIDE
AND turbochargers. ANYWHERE IN	= \$ A CORE FOR EXCHANGE Items.
LOS Angeles county.	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name BETTS SPRING CO

Address 9315 Santa Fe Springs Rd

City Santa Fe Springs State ca Zip 90670

Contact Name Hector Torres

Phone # 562 941-2300 Fax # 562-941-2260

24 Hour Contact \_\_\_\_\_ Toll Free # 800-541-5613

Business Days & Hours Monday - Friday 8:00 AM TO 5:00 PM

Contractor License #: \_\_\_\_\_

Other License (if applicable): \_\_\_\_\_

WEBVEN Vendor # (Required): \_\_\_\_\_

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 38.00

Overtime Hourly Rate: \$ \_\_\_\_\_

Freight: \$ NONE  
(FOB Destination - Show Freight as a separate line item)

Fixed Fees or Unit Prices: \_\_\_\_\_  
*(Attach Exhibit 1A, page 3 to define how your company charges for these services.)*

\*Materials / Parts Markup Percentage: List - 50 %  
(The maximum bid allowance is 15 %)

\*Subcontracted Work Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME: Betts SPRING CO

SERVICES	FIXED FEES / UNIT PRICE
<u>BANCH Repair</u>	= \$ <u>60.00</u>
<u>Disassembly Springs</u>	= \$ <u>60.00</u>
<u>22-547</u>	= \$ <u>167.77</u>
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
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	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Bob Wondries Ford

Address 400 S. ATLANTIC Blvd / P.O. BOX 1131

City Alhambra State CA Zip 91801

Contact Name Eric Aguirre

Phone # (626)289-3591 Fax # (626)284-9109

24 Hour Contact \_\_\_\_\_ Toll Free # (888)855-5600

Business Days & Hours 7 Days 7:AM-7:PM M-F 8:AM-5:PM SAT 9:AM-3:PM SUN

Contractor License #: \_\_\_\_\_

Other License (if applicable): BAR Lic # AB 008494

WEBVEN Vendor # (Required): 04211701

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

**Please Note:** Your pricing shall also be reflected on your invoice.

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 70.00

Overtime Hourly Rate: \$ 70.00

Freight: \$ 0  
(FOB Destination - Show Freight as a separate line item)

Fixed Fees or Unit Prices: \_\_\_\_\_  
(Attach Exhibit 1A, page 3 to define how your company charges for these services.)

\*Materials / Parts Markup Percentage: cost + 15 %  
(The maximum bid allowance is 15 %)

\*Subcontracted Work Markup Percentage: + 10 %  
(The maximum bid allowance is 15 %)

**\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.**

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME: Bob Wondries Ford

SERVICES	FIXED FEES / UNIT PRICE
<u>Hazard Waste Fee - Oil</u>	= \$ 3.00 Per Service
<u>tire - State Disposal Fee</u>	= \$ 1.75 Per Tire
<u>tire TAX state of Calif.</u>	= \$ 1.75 Per Tire
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name CALIFORNIA'S BEST RADIATOR, INC.  
 Address 2743 NO. SAN FERNANDO RD.  
 City LOS ANGELES, State CA. Zip 90065  
 Contact Name NICHOLAS CHAVEZ  
 Phone # (800) 696-4754 Fax # (323) 441-9922  
 24 Hour Contact NICHOLAS CHAVEZ (PRES.) Toll Free # (800) 696-4754  
 Business Days & Hours 8:00 AM - 5:00 PM (M-F), 9:00 AM - 2 PM (SAT.)  
 Contractor License #: \_\_\_\_\_  
 Other License (if applicable): \_\_\_\_\_  
 WEBVEN Vendor # (Required): # 10776501 Visit [http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm) to register.

**Please note your pricing shall also be reflected on your invoice.**

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 55.00

Overtime Hourly Rate: \$ 55.00

Freight:  
(FOB Destination - Show Freight as a separate line item) \$ N.A.

Fixed Fees or Unit Prices: \_\_\_\_\_  
*(Attach Exhibit 1A, page 3 to define how your company charges for these services.)*

\*Materials / Parts Markup Percentage:  
(The maximum bid allowance is 15 %) JOBBER NET\*

\*Subcontracted Work Markup Percentage:  
(The maximum bid allowance is 15 %) N.A. %

**\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.**

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME: CALIFORNIA'S BEST RADIATOR, INC.

SERVICES (LABOR)	FIXED FEES / UNIT PRICE
ROD & CLEAN UP TO 1 TON	= \$ 48 <sup>00</sup> (INCLUDES HAZ MAT)
" " " " 2 TON	= \$ 68 <sup>00</sup>
" " " " 4 TON	= \$ 98 <sup>00</sup>
BOLT-ONS (SMALL)	= \$ 228 <sup>00</sup>
" " (MED.)	= \$ 278 <sup>00</sup>
" " (LARGE)	= \$ 328 <sup>00</sup>
FUEL TANKS UP TO 25 GAL.	= \$ 68 <sup>00</sup>
" " " " 50 GAL.	= \$ 98 <sup>00</sup>
" " " " 100 GAL.	= \$ 138 <sup>00</sup>
CHARGED AIR COOLERS (ALL)	= \$ 118 <sup>00</sup>
CUSTOM WORK (LABOR RATE)	= \$ 65 <sup>00</sup> /HOUR
	= \$
	= \$
	= \$
	= \$
	= \$

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name City Terrace Service, Inc.

Address 4167 Whiteside St.

City Los Angeles State CA Zip 90063

Contact Name Ruben Gonzalez, Miguel Martinez

Phone # 323 262 8059 Fax # 323 262 3381

24 Hour Contact 562 692 8895 Toll Free # 800 262 8059

Business Days & Hours 7 Days, 24 hours

Contractor License #: \_\_\_\_\_

Other License (if applicable): LA County Bus.Lic. 380464 377055

WEBVEN Vendor # (Required): 7549

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ See Bid Sheet

Overtime Hourly Rate: \$ \_\_\_\_\_

Freight:  
(FOB Destination – Show Freight as a separate line item) \$ \_\_\_\_\_

Fixed Fees or Unit Prices: (Attach Exhibit 1A, page 3 to define how your company charges for these services.)

\*Materials / Parts Markup Percentage:  
(The maximum bid allowance is 15 %) \_\_\_\_\_ %

\*Subcontracted Work Markup Percentage:  
(The maximum bid allowance is 15 %) \_\_\_\_\_ %

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, **DO NOT** use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF FIXED FEES OR UNIT PRICES**

FIRM NAME: City Terrace Service, Inc.

SERVICES	FIXED FEES / UNIT PRICE
Towing Service (see bid sheet)	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

# City Terrace Service, Inc.

January 19, 2006

## Light Duty Towing Service

	<u>Amount</u>
Hook-Up	\$65.00
Per Mile*	\$ 3.00
Service Calls	\$30.00
GOA's	\$30.00

## Medium Duty Towing Service

	<u>Amount</u>
Per Hour	\$85.00
Service Calls	\$45.00
GOA's	\$45.00

## Heavy Duty Towing (includes LoBoy)

<u>Service</u>	<u>Amount</u>
Per Hour	\$98.00
Service Calls	\$50.00
GOA's	\$50.00

## Recovery Work (4x4, Uprighting Etc...)

<u>Service</u>	<u>Amount</u>
Per Hour	\$150.00

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Clark + Howard Towing  
 Address 840 E. Ave R  
 City Palmdale State CA Zip 93550  
 Contact Name Ray Jones  
 Phone # 661-947-7112 Fax # 661-947-0463  
 24 Hour Contact 661-947-7112 Toll Free # \_\_\_\_\_  
 Business Days & Hours office M-S - 8 to 5 pm Towing 24-7  
 Contractor License #: \_\_\_\_\_

Other License (if applicable): \_\_\_\_\_

WEBVEN Vendor # (Required): 50630501 REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

**Please Note:** Your pricing shall also be reflected on your invoice.

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ N/A Towing only

Overtime Hourly Rate: \$ \_\_\_\_\_

Freight: (FOB Destination - Show Freight as a separate line item) \$ \_\_\_\_\_

Fixed Fees or Unit Prices: \_\_\_\_\_  
(Attach Exhibit 1A, page 3 to define how your company charges for these services.)

\*Materials / Parts Markup Percentage: \_\_\_\_\_ %  
(The maximum bid allowance is 15 %)

\*Subcontracted Work Markup Percentage: \_\_\_\_\_ %  
(The maximum bid allowance is 15 %)

**\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.**

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Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
**Fire Fleet Maintenance and Repair Services**

**STATEMENT OF FIXED FEES OR UNIT PRICES**

FIRM NAME: Clark + Howard Towing

SERVICES	FIXED FEES / UNIT PRICE
Towing	= \$
- Light duty	= \$65 - Base hook up
0 to 14,000	= \$ 5 free tow miles
	= \$ \$4. - after 5 miles
	= \$
	= \$
- Medium Duty	= \$
14,001 to 19,500	= \$ \$100 - base + hook up
	= \$ 5 free miles
	= \$ \$4.25 mile after 5
	= \$ miles
	= \$
	= \$
- Heavy Duty	= \$
19,501 + Up	= \$ \$150 - base + hook up
	= \$ 5 free miles
	= \$ \$4.50 mile after
	= \$ 5 miles

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Collins Trim Shop

Address 7728 Greenleaf Ave.

City Whittier State CA Zip 90602

Contact Name MIKE STEVES

Phone # 562-698-7115 Fax # 562-698-6883

24 Hour Contact 562-900-2888 Toll Free # —

Business Days & Hours MON - Friday 7AM - 5PM

Contractor License #: N/A

Other License (if applicable): 54938

WEBVEN Vendor # (Required): 13151501

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 45.00

Overtime Hourly Rate: \$ 67.50

Freight: \$ 5.00 - \$10.00  
(FOB Destination - Show Freight as a separate line item)

Fixed Fees or Unit Prices: (Attach Exhibit 1A, page 3 to define how your company charges for these services.)

\*Materials / Parts Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

\*Subcontracted Work Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name ED BUTTS FORD

Address 1515 N HACIENDA BLVD

City LA PUENTE State CA Zip 91744

Contact Name TERRY JONES

Phone # 626 918-3673 Fax # 626 918-9449

24 Hour Contact TERRY JONES Toll Free # 800-960-3673

Business Days & Hours MON-FRI 7:00-7:00 PM SAT 7:00 AM-3:00 PM

Contractor License #: \_\_\_\_\_

Other License (if applicable): BAR # AA003439

WEBVEN Vendor # (Required): 71E098

**REGISTER AT:**  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 65<sup>00</sup>

Overtime Hourly Rate: \$ —

Freight:  
(FOB Destination – Show Freight as a separate line item) \$ —

Fixed Fees or Unit Prices: (Attach Exhibit 1A, page 3 to define how your company charges for these services.)

\*Materials / Parts Markup Percentage:  
(The maximum bid allowance is 15 %) 15 %

\*Subcontracted Work Markup Percentage:  
(The maximum bid allowance is 15 %) 15 %

\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, **DO NOT** use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name ELLIS TRUCK + BUS REPAIR INC  
 Address 1707 S BLUFF RD  
 City MONTEBELLO State CA Zip 90640  
 Contact Name G "SKIP" SWEENEY  
 Phone # 323-685-7160 Fax # 323-726-7237  
 24 Hour Contact N/A Toll Free # —  
 Business Days & Hours MONDAY - FRIDAY - 7.30 AM TO 4.00 PM  
 Contractor License #: NONE  
 Other License (if applicable): NONE  
 WEBVEN Vendor # (Required): APPLIED FOR Visit [http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm) to register.

**Please note your pricing shall also be reflected on your invoice.**

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 75.00  
 Overtime Hourly Rate: \$ 112.50  
 Freight: (FOB Destination - Show Freight as a separate line item) \$ AT COST  
 Fixed Fees or Unit Prices: (Attach Exhibit 1A, page 3 to define how your company charges for these services.)  
 \*Materials / Parts Markup Percentage: 15 %  
 (The maximum bid allowance is 15 %)  
 \*Subcontracted Work Markup Percentage: 15 %  
 (The maximum bid allowance is 15 %)

**\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.**

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME: ELLIS TRUCK + BUS REPAIR INC

SERVICES	FIXED FEES / UNIT PRICE
FRONT AXLE ALIGN (CLASS 6,7,8)	\$ 97.50
2 AXLE ALIGNMENT	\$ 145.00
3 AXLE ALIGNMENT	\$ 185.00
TIRE BALANCE	\$ 69.50 PLUS PARTS
REPLACE FRONT SPRINGS	\$ 187.50 PLUS PARTS
REPLACE REAR SPRINGS	\$ 300 <sup>00</sup> PLUS PARTS
KING PINS REPLACED.	\$ 525. <sup>00</sup> PLUS PARTS
REPLACE SHACKLE PINS + <sup>BUSHING</sup>	\$ 450 <sup>00</sup> PLUS PARTS
HAZARDOUS WASTE	\$ 10 <sup>00</sup> PER OCCURRENCE
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Ford of Montebello

Address 2747 Via Campo

City Montebello State Calif Zip 90640

Contact Name Mike Zermeno or Cherie Harris

Phone # (323) 838-6920 Ext 114 Fax # (323) 838-6915

24 Hour Contact \_\_\_\_\_ Toll Free # \_\_\_\_\_

Business Days & Hours 6 Days a week from 7:00 AM - 7:00pm

Contractor License #: \_\_\_\_\_

Other License (if applicable): DEALER License # 37187

WEBVEN Vendor # (Required): \_\_\_\_\_

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 65.00 hr.

Overtime Hourly Rate: \$ 65.00 hr

Freight:  
 (FOB Destination – Show Freight as a separate line item) \$ Ø

Fixed Fees or Unit Prices: \_\_\_\_\_  
*(Attach Exhibit 1A, page 3 to define how your company charges for these services.)*

\*Materials / Parts Markup Percentage:  
 (The maximum bid allowance is 15 %) \_\_\_\_\_ %

\*Subcontracted Work Markup Percentage:  
 (The maximum bid allowance is 15 %) 10 %

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*



Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Get Tires

Address Physical 115 E Ave L-4 Mailing: PO BOX 1898 LANCASTER CA 93539

City LANCASTER State CA Zip 93535

Contact Name Jeff Krogstad

Phone # 661 940 1533 Fax # 661 940 6453

24 Hour Contact 661 940 1533 Toll Free # \_\_\_\_\_

Business Days & Hours MON - FRI 8-5

Contractor License #: N/A

Other License (if applicable): N/A

WEBVEN Vendor # (Required): 16355801

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 84<sup>00</sup>

Overtime Hourly Rate: \$ 104<sup>00</sup>

Freight: freight is dependent upon what method is used, what level of delivery speed is required  
(FOB Destination - Show Freight as a separate line item) \$weight/size of parts being shipped.

Fixed Fees or Unit Prices: \_\_\_\_\_  
(Attach Exhibit 1A, page 3 to define how your company charges for these services.)

\*Materials / Parts Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

\*Subcontracted Work Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

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Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME: Get Tires

SERVICES	FIXED FEES / UNIT PRICE
CTRA - California Tire Recycle Act	= \$ 1.75 per tire (new)
Medium Truck Tire Disposal Fee	= \$ 5.00 per tire
Fuel Surcharge Mobile Service only	= \$ 9.00 per call
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Glass Doctor of Montebello  
 Address 100 W Beverly Blvd.  
 City Montebello State CA Zip 90640  
 Contact Name Dominic Rheinhardt  
 Phone # 323.721.4438 Fax # 323.724.0616  
 24 Hour Contact \_\_\_\_\_ Toll Free # \_\_\_\_\_  
 Business Days & Hours M-F 8:30am - 5:00pm Sat 9:00am - 1:00pm  
 Contractor License #: 776491  
 Other License (if applicable): \_\_\_\_\_  
 WEBVEN Vendor # (Required): 52710301 REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

**Please Note:** Your pricing shall also be reflected on your invoice.

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 100<sup>00</sup>  
 Overtime Hourly Rate: \$ 150<sup>00</sup>  
 Freight: \$ \_\_\_\_\_  
 (FOB Destination - Show Freight as a separate line item)  
 Fixed Fees or Unit Prices: \_\_\_\_\_  
 (Attach Exhibit 1A, page 3 to define how your company charges for these services.)  
 \*Materials / Parts Markup Percentage: 10 %  
 (The maximum bid allowance is 15 %)  
 \*Subcontracted Work Markup Percentage: 15 %  
 (The maximum bid allowance is 15 %)

\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, **DO NOT** use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.



Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Green's OK Tire, Inc.

Address 11634 Vanowen St.

City N. Hollywood State CA Zip 91605

Contact Name Ron Tichauer

Phone # 818-765-6803 Fax # 818 765-6847

24 Hour Contact 818 765-6803 Toll Free # \_\_\_\_\_

Business Days & Hours M-F 8:AM to 5:30PM

Contractor License #: \_\_\_\_\_

Other License (if applicable): \_\_\_\_\_

WEBVEN Vendor # (Required): 042-28701

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 52

Overtime Hourly Rate: \$ 78

Freight:  
(FOB Destination – Show Freight as a separate line item) \$ no charge

Fixed Fees or Unit Prices: \_\_\_\_\_  
*(Attach Exhibit 1A, page 3 to define how your company charges for these services.)*

\*Materials / Parts Markup Percentage:  
(The maximum bid allowance is 15%) ~~15~~ 15%

\*Subcontracted Work Markup Percentage:  
(The maximum bid allowance is 15%) ~~15~~ 15%

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, **DO NOT** use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*



Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name H. W. HUNTER Inc.

Address 1130 AUTO MALL DRIVE

City LANCASTER State CA Zip 93534

Contact Name ROY COOK

Phone # 661-948-8411 Fax # 661-949-9893

24 Hour Contact 661-510-9906 Toll Free # \_\_\_\_\_

Business Days & Hours MONDAY - FRIDAY 7:00AM - 6:00PM SATURDAY 8:00AM - 5:00PM

Contractor License #: \_\_\_\_\_

Other License (if applicable): BAR ADO16572

WEBVEN Vendor # (Required): 04399902

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 8.00

Overtime Hourly Rate: \$ \_\_\_\_\_

Freight: \$ \_\_\_\_\_  
(FOB Destination – Show Freight as a separate line item)

Fixed Fees or Unit Prices: \_\_\_\_\_  
*(Attach Exhibit 1A, page 3 to define how your company charges for these services.)*

\*Materials / Parts Markup Percentage: 15%  
(The maximum bid allowance is 15%)

\*Subcontracted Work Markup Percentage: 15%  
(The maximum bid allowance is 15%)

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF FIXED FEES OR UNIT PRICES**

FIRM NAME: H. W. HUNTER INC.

SERVICES	FIXED FEES / UNIT PRICE
TIRE DISPOSAL	= \$ 250 PER TIRE
HAZARDOUS WASTE DISPOSAL	= \$ 225 PER REPAIR ORDER
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name HARBOR DIESEL EQUIPMENT, INC.

Address 537 W. ANAHEIM ST.

City LONG BEACH State CA Zip 90813

Contact Name CRAIG ANDRICH

Phone # 562 591-5665 Fax # 562 591-2941

24 Hour Contact 562 591-5665 Toll Free # \_\_\_\_\_

Business Days & Hours MONDAY THRU FRIDAY 8:00 AM - 5:00 PM

Contractor License #: \_\_\_\_\_

Other License (if applicable): \_\_\_\_\_

WEBVEN Vendor # (Required): 51433101

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 94.00

Overtime Hourly Rate: \$ 141.00

Freight:  
(FOB Destination – Show Freight as a separate line item) \$ FOB - HARBOR DIESEL

Fixed Fees or Unit Prices: \_\_\_\_\_  
*(Attach Exhibit 1A, page 3 to define how your company charges for these services.)*

\*Materials / Parts Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

\*Subcontracted Work Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME: HARBOR DIESEL & EQUIPMENT, INC.

SERVICES	FIXED FEES / UNIT PRICE
HAZARDOUS WASTE	= \$ 25.00
MISC HARDWARE	= \$ 4% OF PARTS, MAXIMUM OF \$150.00
AREA CHARGES	= \$ 1.50 PER MILE
TONING	= \$ 250.00 EACH WAY (IF APPLICABLE)
DYNAMOMETER CHARGE (LOW H.P.)	= \$ 285.00
DYNAMOMETER CHARGE (OVERHEAT)	= \$ 825.00
DENSITY TEST	= \$ 120.00
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name INTERSTATE TIRE DISTRIBUTOR INC.  
 Address 6737 E. WASHINGTON BLVD  
 City COMMERCIAL State CA Zip 90040  
 Contact Name JOHN P. FARKAS  
 Phone # 323-722-8542 Fax # 323-722-2812  
 24 Hour Contact \_\_\_\_\_ Toll Free # \_\_\_\_\_  
 Business Days & Hours MON-FRI 8AM-4:30 SAT 8AM-12 NOON  
 Contractor License #: \_\_\_\_\_  
 Other License (if applicable): \_\_\_\_\_  
 WEBVEN Vendor # (Required): \_\_\_\_\_

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 60.00 PER HOUR  
 Overtime Hourly Rate: \$ 90.00 PER HOUR  
 Freight: \$ N/A  
 (FOB Destination – Show Freight as a separate line item)  
 Fixed Fees or Unit Prices: \_\_\_\_\_  
 (Attach Exhibit 1A, page 3 to define how your company charges for these services.)  
 \*Materials / Parts Markup Percentage: N/A %  
 (The maximum bid allowance is 15 %)  
 \*Subcontracted Work Markup Percentage: N/A %  
 (The maximum bid allowance is 15 %)

\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, **DO NOT** use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.

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Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME: INTERSTATE TIRE DISTRIBUTOR, INC.

SERVICES	FIXED FEES / UNIT PRICE
<u>SERVICE CALL</u>	<u>= \$ 56.00 PER HOUR</u>
<u>MOUNT &amp; DISMOUNT MEDIUM TRUCK</u>	<u>= \$ 30.00 PER TIRE</u>
<u>MOUNT &amp; DISMOUNT LIGHT TRUCK</u>	<u>= \$ 20.00 PER TIRE</u>
<u>MOUNT &amp; DISMOUNT PASSENGER</u>	<u>= \$ 16.00 PER TIRE</u>
<u>LABOR RATE</u>	<u>= \$ 60.00 PER HOUR</u>
<u>PASSENGER ALIGNMENT</u>	<u>= \$ 56.00 FRONT ALIGNMENT</u>
<u>PASSENGER ALIGNMENT</u>	<u>= \$ 82.00 FOUR WHEEL ALIGNMENT</u>
<u>LIGHT TRUCK ALIGNMENT</u>	<u>= \$ 82.00 PER TRUCK</u>
<u>MEDIUM TRUCK ALIGNMENT</u>	<u>= \$ 104.00 PER TRUCK</u>
<u>CALIFORNIA TIRE FEE</u>	<u>= \$ 1.75 PER TIRE</u>
<u>PASSENGER TIRE DISPOSAL</u>	<u>= \$ 2.00 PER TIRE</u>
<u>LIGHT TRUCK TIRE DISPOSAL</u>	<u>= \$ 3.00 PER TIRE</u>
<u>MEDIUM TRUCK TIRE DISPOSAL</u>	<u>= \$ 5.00 PER TIRE</u>
<u>_____</u>	<u>= \$ _____</u>
<u>_____</u>	<u>= \$ _____</u>

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name JAY'S AUTOMATIC TRANSMISSIONS

Address 3740 Spencer St

City Torrance State CA Zip 90503

Contact Name Carlos Tamayo

Phone # 310 371-2448 Fax # 310 371-6145

24 Hour Contact 310 738-7356 Toll Free # \_\_\_\_\_

Business Days & Hours Monday, Tuesday, Wednesday, Thursday, Friday, 8:00<sup>am</sup> to 5:30<sup>pm</sup>

Contractor License #: not applicable

Other License (if applicable): BUS 605 6261

WEBVEN Vendor # (Required): 51145901

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 68<sup>00</sup>

Overtime Hourly Rate: \$ 0

Freight:  
(FOB Destination - Show Freight as a separate line item) \$ 0

Fixed Fees or Unit Prices: \_\_\_\_\_  
*(Attach Exhibit 1A, page 3 to define how your company charges for these services.)*

\*Materials / Parts Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

\*Subcontracted Work Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
**Fire Fleet Maintenance and Repair Services**

**STATEMENT OF FIXED FEES OR UNIT PRICES**

FIRM NAME: JAY'S AUTOMATIC TRANSMISSIONS

SERVICES	FIXED FEES / UNIT PRICE
LUBE OIL + FILTER	= \$ 26 <sup>60</sup>
Trans Service	= \$ 113 <sup>40</sup>
Front Disc Brake JOB	= \$ 165 <sup>00</sup>
Rear Disc Brake JOB	= \$ 165 <sup>00</sup>
Rear drum Brake JOB	= \$ 140 <sup>00</sup>
Tune up	= \$ 88 <sup>40</sup> + PARTS
Rebuilt Transmission	= \$ 750 <sup>00</sup> TO 3000 <sup>00</sup> Depends on TYPE of Car.
COOLING System Service	= \$ 120 <sup>00</sup>
HOSES + BELTS	= \$ 45 <sup>00</sup> TO 185 <sup>00</sup>
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name KEYSTONE TOWING  
 Address 7817 WOODLEY AVENUE  
 City VAN NUYS State CA Zip 91406  
 Contact Name ELISE WOLFF  
 Phone # 818-782-8489 Fax # 818-782-2113  
 24 Hour Contact 818-782-1996 Toll Free # \_\_\_\_\_  
 Business Days & Hours 7 DAYS/24 HOURS  
 Contractor License #: AD210227

Other License (if applicable): \_\_\_\_\_  
 WEBVEN Vendor # (Required): Registered 4-3-06 **REGISTER AT:**  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)  
Waiting 4 Number

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 70.00  
 Overtime Hourly Rate: \$ 100.00  
 Freight: \$ \_\_\_\_\_  
 (FOB Destination -- Show Freight as a separate line item)  
 Fixed Fees or Unit Prices: \_\_\_\_\_  
 (Attach Exhibit 1A, page 3 to define how your company charges for these services.)  
 \*Materials / Parts Markup Percentage: 10 %  
 (The maximum bid allowance is 15 %)  
 \*Subcontracted Work Markup Percentage: 10 %  
 (The maximum bid allowance is 15 %)

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME: KEYSTONE TOWING

SERVICES	FIXED FEES / UNIT PRICE
FLEET MAINT./REPAIR LABOR	= \$ 70.00 PER HOUR
MOBILE MECHANIC	= \$ 85.00 PER HOUR
MOBILE MECHANIC (AFTER 7PM)	= \$ 100.00 PER HOUR
LIGHT DUTY TOWING	= \$ 54.00 PER HOUR
MEDIUM DUTY TOWING	= \$ 81.00 PER HOUR
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Lancaster Auto Interiors  
 Address 220 W. Ave. I  
 City Lancaster State CA Zip 93534  
 Contact Name As-needed Fleet Robert Rough  
 Phone # 661 948-7111 Fax # 661 729-9195  
 24 Hour Contact 661 860-6293 Toll Free # N/A  
 Business Days & Hours Monday thru Friday 8AM to 5PM  
 Contractor License #: \_\_\_\_\_  
 Other License (if applicable): \_\_\_\_\_  
 WEBVEN Vendor # (Required): 50053101

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 70<sup>00</sup>  
 Overtime Hourly Rate: \$ 105<sup>00</sup>  
 Freight:  
 (FOB Destination – Show Freight as a separate line item) \$ N/A  
 Fixed Fees or Unit Prices: \_\_\_\_\_  
(Attach Exhibit 1A, page 3 to define how your company charges for these services.)  
 \*Materials / Parts Markup Percentage:  
(The maximum bid allowance is 15 %) 15 %  
 \*Subcontracted Work Markup Percentage:  
(The maximum bid allowance is 15 %) N/A %

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name LOS ANGELES FREIGHTLINER

Address 2429 S. PECK RD.

City WATTIER State CA Zip 90601

Contact Name WILLIAM A. SPRINGER

Phone # 562-447-1200 Fax # 562-692-6389

24 Hour Contact CHUCK GRAY Toll Free # 800-366-4621

Business Days & Hours 7/24 FOR SERVICE / M-F 7:30 TO 4:00 BODY AND PAINT

Contractor License #: \_\_\_\_\_

Other License (if applicable): \_\_\_\_\_

WEBVEN Vendor # (Required): 03282804

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 80.00

Overtime Hourly Rate: \$ 80.00

Freight:  
(FOB Destination – Show Freight as a separate line item) \$ \_\_\_\_\_

Fixed Fees or Unit Prices: \_\_\_\_\_  
*(Attach Exhibit 1A, page 3 to define how your company charges for these services.)*

\*Materials / Parts Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

\*Subcontracted Work Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, **DO NOT** use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME: LOS ANGELES FREIGHTLINER

SERVICES	FIXED FEES / UNIT PRICE
<u>BODY AND PAINT WORK</u>	= \$ <u>68.00/HR</u>
<u>COLLISION REPAIRS</u>	= \$ <u>68.00/HR</u>
<u>HAZARDOUS MATERIALS DISPOSAL</u>	= \$ <u>6.00/REPAIR ORDER</u>
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Lynn's Auto Air Inc  
 Address 13255 Woodruff Ave  
 City Downey State CA Zip 90242  
 Contact Name Benjamin Balderrama (or) Bill Ahern  
 Phone # 562 8035611 Fax # 562 803 5956  
 24 Hour Contact 562 544-9680 Toll Free # \_\_\_\_\_  
 Business Days & Hours M-F 8am-5pm  
 Contractor License #: \_\_\_\_\_

Other License (if applicable): \_\_\_\_\_

WEBVEN Vendor # (Required): 50471001

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 69.00

Overtime Hourly Rate: \$ -0-

Freight: \$ -0-  
 (FOB Destination – Show Freight as a separate line item)

Fixed Fees or Unit Prices: \_\_\_\_\_  
 (Attach Exhibit 1A, page 3 to define how your company charges for these services.)

\*Materials / Parts Markup Percentage: 15 %  
 (The maximum bid allowance is 15 %)

\*Subcontracted Work Markup Percentage: 15 %  
 (The maximum bid allowance is 15 %)

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, **DO NOT** use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Markham and Boling, Inc.

Address 1133 E. Walnut Street

City Pasadena State Calif. Zip 91106

Contact Name Kelli Smith

Phone # (626) 792-7801 Fax # (626) 792-8476

24 Hour Contact (626) 840-5555 Toll Free # \_\_\_\_\_

Business Days & Hours Monday - Friday, 7:00am - 5:00pm

Contractor License #: 021310

Other License (if applicable): see enclosed copies

WEBVEN Vendor # (Required): 10182901

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 40.00

Overtime Hourly Rate: \$ 40.00

Freight: \$ invoice  
(FOB Destination - Show Freight as a separate line item)

Fixed Fees or Unit Prices: \_\_\_\_\_  
(Attach Exhibit 1A, page 3 to define how your company charges for these services.)

\*Materials / Parts Markup Percentage: \_\_\_\_\_ % 15%  
(The maximum bid allowance is 15%)

\*Subcontracted Work Markup Percentage: invoice + \_\_\_\_\_ % 15%  
(The maximum bid allowance is 15%)

\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, **DO NOT** use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.

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## Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair ServicesSTATEMENT OF FIXED FEES OR UNIT PRICESFIRM NAME: Markham and Boling Autobody, Inc.

SERVICES	FIXED FEES / UNIT PRICE
<u>Autobody Repair</u>	= <u>\$ 40.00 per hour</u>
<u>Autobody Painting</u>	= <u>\$ 40.00 per hour</u>
<u>Autobody Materials</u>	= <u>\$ 40.00 per hour</u>
<u>Autobody Frame Straightening</u>	= <u>\$ 60.00 per hour</u>
<u>Autobody Mechanical Repairs</u>	= <u>\$ 60.00 per hour</u>
<u>Hazardous Waste Disposal</u>	= <u>\$ 15.00</u>
<u>Parts (new, OEM)</u>	= <u>\$ list price, per invoice</u>
<u>Parts (used, IKQ)</u>	= <u>\$ invoice + 15%</u>
<u>Sublet</u>	= <u>\$ invoice + 15%</u>
<u>Front wheel alignment</u>	= <u>\$ 80.00</u>
<u>Four wheel alignment</u>	= <u>\$ 120.00</u>
<u>Air Conditioning Recharge</u>	= <u>\$ 86.00</u>
<u>Storage and Handling</u>	= <u>\$ 0</u>
<u>Yard estimates (travel + gas)</u>	= <u>\$ 0</u>
<u>Shop estimates</u>	= <u>\$ 0</u>

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
**Fire Fleet Maintenance and Repair Services**

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Master Body Sales & Service, Inc.

Address 9824 Atlantic Avenue

City South Gate State CA Zip 90280

Contact Name James S. Coates

Phone # 323 564 6901 Fax # 323 564 2462

24 Hour Contact James S. Coates Toll Free # n.a.

Business Days & Hours Monday thru Friday, 7:00 am - 3:30 pm

Contractor License #: n.a.

Other License (if applicable): 00595 Vehicle Dealer License

WEBVEN Vendor # (Required): 008335

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 50.00

Overtime Hourly Rate: \$ 75.00

Freight:  
 (FOB Destination – Show Freight as a separate line item) \$ as applicable

Fixed Fees or Unit Prices: (Attach Exhibit 1A, page 3 to define how your company charges for these services.)

\*Materials / Parts Markup Percentage:  
 (The maximum bid allowance is 15 %) 15 %

\*Subcontracted Work Markup Percentage:  
 (The maximum bid allowance is 15 %) n.a. %

\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, **DO NOT** use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF FIXED FEES OR UNIT PRICES**

FIRM NAME: Master Body Sales & Serv., Inc.

SERVICES	FIXED FEES / UNIT PRICE
***We charge a hourly rate of	= \$ _____
\$ 50.00. We do not have a	= \$ _____
different rate for mechanical,	= \$ _____
electrical, transmission or	= \$ _____
any other type of work performed.	= \$ _____
Haz. waste fee, disposal fee and	= \$ _____
shipping and handling fees are	= \$ _____
included in our quotes and	= \$ _____
are dependent on the particular	= \$ _____
job.	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Morgan Attwood & Son, Inc.

Address 843 West Kildare

City Lancaster State CA Zip 93534

Contact Name Rebecca L. Attwood

Phone # 661-948-5716 Fax # 661-726-9667

24 Hour Contact \_\_\_\_\_ Toll Free # \_\_\_\_\_

Business Days & Hours Monday-Friday, 8:00 am - 6:00 pm

Contractor License #: \_\_\_\_\_

Other License (if applicable): BAR AFD069589

WEBVEN Vendor # (Required): 50871901

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

**Please Note:** Your pricing shall also be reflected on your invoice.

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 75.00

Overtime Hourly Rate: \$ 112.50

Freight: \_\_\_\_\_  
(FOB Destination - Show Freight as a separate line item) \$ \_\_\_\_\_

Fixed Fees or Unit Prices: \_\_\_\_\_  
(Attach Exhibit 1A, page 3 to define how your company charges for these services.)

\*Materials / Parts Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

\*Subcontracted Work Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

**\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.**

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME: Morgan Attwood & Son, Inc.

SERVICES	FIXED FEES / UNIT PRICE
<u>Smog Certification</u>	<u>= \$ 36.75</u>
<u>Towing - Local</u>	<u>= \$50.00</u>
<u>Towing - Long Distance</u> <u>(over 5 miles)</u>	<u>= \$5.00 per mile</u>
	<u>= \$</u>

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Northstar Electronics, LLC.  
 Address 12126 Woodruff Ave.  
 City DOWNEY State CA. Zip 90241  
 Contact Name Jake Stevenson  
 Phone # (562) 803-5535 Fax # (562) 803-0255  
 24 Hour Contact (562) 307-6704 Toll Free # N/A  
 Business Days & Hours MON-THUR 7:AM-4:PM FRI 6:AM-3:PM  
 Contractor License #: N/A  
 Other License (if applicable): N/A  
 WEBVEN Vendor # (Required): \_\_\_\_\_

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

**Please Note:** Your pricing shall also be reflected on your invoice.

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 50.00 hr.

Overtime Hourly Rate: \$ 85.00 hr.

Freight: \$ FOB  
(FOB Destination - Show Freight as a separate line item)

Fixed Fees or Unit Prices: \_\_\_\_\_  
*(Attach Exhibit 1A, page 3 to define how your company charges for these services.)*

\*Materials / Parts Markup Percentage: 14 %  
(The maximum bid allowance is 15 %)

\*Subcontracted Work Markup Percentage: 14 %  
(The maximum bid allowance is 15 %)

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Olympic Top Shop

Address 6150 Whittier Blvd.

City Los Angeles State California Zip 90022

Contact Name Carmen Rizzo / Feliciano Cortez

Phone # (323) 723-7466 Fax # \_\_\_\_\_

24 Hour Contact Feliciano - (323) 581-0262 Toll Free # \_\_\_\_\_

Business Days & Hours Monday - Friday, - 8:00am - 5:00pm

Contractor License #: \_\_\_\_\_

Other License (if applicable): \_\_\_\_\_

WEBVEN Vendor # (Required): 50927301

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 31.51

Overtime Hourly Rate: \$ 31.51

Freight: \$ \_\_\_\_\_  
(FOB Destination – Show Freight as a separate line item)

Fixed Fees or Unit Prices: \_\_\_\_\_  
*(Attach Exhibit 1A, page 3 to define how your company charges for these services.)*

\*Materials / Parts Markup Percentage: 12.5 %  
(The maximum bid allowance is 15 %)

\*Subcontracted Work Markup Percentage: 12.5 %  
(The maximum bid allowance is 15 %)

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, **DO NOT** use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*



Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Ostrom Chevrolet  
 Address 310 W. Whittier Blvd  
 City Montebello State Ca Zip 90640  
 Contact Name Dennis Valdez  
 Phone # 323.728.9181 Fax # 323.721.2356  
 24 Hour Contact Dennis Valdez Toll Free # \_\_\_\_\_  
 Business Days & Hours Monday - Fri 7:00AM - 7:00PM / Sat. 8:00AM - 5:00PM  
 Contractor License #: AL09178 (BURBANK Automotive Repair)  
 Other License (if applicable): 104134 (CITY OF Montebello Business License)  
 WEBVEN Vendor # (Required): 02225301

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 94.50  
 Overtime Hourly Rate: \$ not applicable  
 Freight: \$ as required  
 (FOB Destination - Show Freight as a separate line item)

Fixed Fees or Unit Prices: \_\_\_\_\_  
 (Attach Exhibit 1A, page 3 to define how your company charges for these services.)

\*Materials / Parts Markup Percentage: 15 %  
 (The maximum bid allowance is 15 %)

\*Subcontracted Work Markup Percentage: 15 %  
 (The maximum bid allowance is 15 %)

\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, **DO NOT** use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.

Labor Operation Pricing Guide

Ostrom Chevrolet

Model: (Menu Operations)

Category	Op-Code	Description	Time	Price
	4	AUTOMATIC TRANSMISSION SERVICE	1.0	1 25.95
MENU	CSS	COOLING SYSTEM SERVICE	1.0	1 15.95
	6	FRONT END ALIGNMENT	1.0	69.95
	7	WHEEL BALANCE	1.0	65.95
	8	BRAKE SERVICE, CLEAN & ADJUST	0.5	29.95
	9	AIR CONDITIONING SERVICE	0.8	71.95
	10	ROTATE TIRES	0.3	19.95
	11	POLLEN FILTER REPLACEMENT	0.7	59.95
MENU	TBS	THROTTLE BODY SERVICE	0.7	69.95
	13	REPLACE FUEL FILTER	0.5	68.95
	14	INSPECT BELTS AND HOSES	0.3	19.95
	15	FUEL INJECTION SERVICE	1.0	1 05.95
	16	REPACK WHEEL BEARINGS	1.0	69.95
	18	SLIP JOINT SERVICE	0.7	59.95
MENU	DS	DIFFERENTIAL SERVICE NON SYNTHETIC	1.0	1 19.95
MENU	EOF	ENGINE FLUSH	1.0	1 49.50
MENU	LOF	VEHICLE SERVICE (LOF)	0.2	35.95
MENU	DSS	DIFFERENTIAL SERVICE SYNTHETIC	1.0	1 19.95
MENU	PSF	POWER STEERING FLUSH	0.7	89.95
MENU	LOFS	SYNTHETIC LOF	0.2	75.95
MENU	6KCT	6K/6 MONTHS SERVICE	0.5	64.95
MENU	15KC	15K/1 YEAR INTERMEDIATE SERVICE CARS	1.2	1 59.95
MENU	15KT	15K/1 YEAR INTERMEDIATE SERVICE LT TRUCKS	1.2	1 69.95
MENU	30KC	30K/2 YEARS MAJOR SERVICE CARS	3.0	3 95.50
MENU	30KT	30K/2 YEARS MAJOR SERVICE LT TRUCKS	3.0	3 99.50
MENU	6KDA	6K/6 MONTHS DURAMAX/ALLISON MINOR SERVICE	0.7	1 19.50
MENU	15KDA	15K/1 YEAR DURAMAX/ALLISON INTERMEDIATE SERVICE	2.0	3 59.50
MENU	PTM	POWERTRAIN SERVICE	1.0	1 49.95
MENU	SCM	SEASON CHANGE SERVICE	1.5	1 95.95
MENU	PSM	PERFORMANCE SERVICE	1.9	2 19.95
MENU	SM1	SIMPLIFIED MAINTENANCE 1	0.5	69.95
	40	1ST FREE OIL CHANGE	0.2	19.95
	41	PAINT & FABRIC PROTECTION	0.4	30.00
	42	PDI DETAIL CAR	0.9	
	43	PDI DETAIL TRUCK	1.2	
	44	PDI REINSPECT	0.3	
MENU	BFF	BRAKE FLUID FLUSH	1.0	1 05.95
MENU	SM2	SIMPLIFIED MAINTENANCE 2	0.5	89.50
	47	55 POINT SAFERY INSPECTION		0.00
	48	UCD SMOG		0.00
	49	UCD DETAIL FOR SALE	2.5	1 60.00
	50	UCD RECONDITIONING		0.00
	51	DETAIL FULL SIZE SUVs	2.5	1 39.50
	52	DETAIL SMALL CARS TRUCKS	2.5	1 19.50
	53	REPLACE 2 TIRES	0.6	39.95
	54	REPLACE 4 TIRES	1.2	69.95
MENU	30KDA	30K/2 YEARS DURAMAX/ALLISON MAJOR SERVICE	2.7	4 49.50
	38	PDI CAR	0.5	
	39	PDI TRUCK	0.8	
	55	19.95 OIL CHANGE SPECIAL	0.2	19.95
MENU		56 2 WHEEL BRAKE REPLACEMENT	1.5	2 29.95
MENU		57 4 WHEEL BRAKE REPLACEMENT	3.0	4 59.90
		58 REPLACE 2 SHOCK ABSORBERS	0.8	
		59 REPLACE 4 SHOCK ABSORBERS	1.6	
		60 REPLACE 2 FRONT STRUTS INCL ALIGNMENT	3.0	
	BRSP	BALANCE & ROTATE/BRK INSP COUPON SPL	0.8	\$49.40
	C6KDA	6K DURAMAX COUPON SPECIAL	0.6	\$109.50
	C15KDA	15K DURAMAX COUPON SPECIAL	1.8	\$339.50
	C30KDA	30K DURAMAX COUPON SPECIAL	2.5	\$429.50
	C6KCT	6K CARS/TRUCKS COUPON SPECIAL	0.4	\$54.95
	C15KT	15K TRUCKS COUPON SPECIAL	1.0	\$149.95
	C15KC	15K CARS COUPON SPECIAL	1.0	\$139.95
	C30KT	30K TRUCKS COUPON SPECIAL	2.8	\$379.50
	C30KC	30K CARS COUPON SPECIAL	2.8	\$375.50
	BATT	5 YR BATTERY REPL SERVICE DRIVE SPECIAL	0.4	\$93.95

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Palmdale Uni-Body & Paint

Address 38018 Ninth St, East

City Palmdale State CA Zip 93550

Contact Name Serob Vardanyan

Phone # 661-947-7838 Fax # 661-266-9603

24 Hour Contact 818-335-9898 Toll Free # N/A

Business Days & Hours M-F 8:00am - 5:00pm

Contractor License #: \_\_\_\_\_

Other License (if applicable): \_\_\_\_\_

WEBVEN Vendor # (Required): 505260

**REGISTER AT:**  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$55.00

Overtime Hourly Rate: \$85.00

Freight: \_\_\_\_\_  
(FOB Destination – Show Freight as a separate line item) \$

Fixed Fees or Unit Prices: \_\_\_\_\_  
*(Attach Exhibit 1A, page 3 to define how your company charges for these services.)*

\*Materials / Parts Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

\*Subcontracted Work Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME: Palmdale Uni-Body & Paint

SERVICES	FIXED FEES / UNIT PRICE
Body Labor	= \$ 55.00
Frame Labor	= \$ 55.00
Mechanical Labor	= \$ 65.00
Paint Labor	= \$ 35.00
Structural Labor	= \$ 55.00
Paint Supplies	= \$ 35.00
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

\* All hazardous waste fees, disposal fees and shipping fee are all included in the services above.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Parkhouse Tire Inc.  
 Address 5960 Shull St.  
 City BELL Gardens State CA Zip 90201  
 Contact Name LEONARD LETENDER.  
 Phone # 562-928-0421 Ext 2140 Fax # 562-927-3760  
 24 Hour Contact \_\_\_\_\_ Toll Free # \_\_\_\_\_  
 Business Days & Hours Monday thru Friday 7<sup>30</sup> am to 5<sup>00</sup> pm Saturday 8<sup>00</sup> am until 12<sup>00</sup> pm  
 Contractor License #: \_\_\_\_\_  
 Other License (if applicable): 95-2761592  
 WEBVEN Vendor # (Required): 01984801

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

**Please Note:** Your pricing shall also be reflected on your invoice.

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 54<sup>00</sup>  
 Overtime Hourly Rate: \$ 75<sup>00</sup>  
 Freight: \$ Ø  
 (FOB Destination - Show Freight as a separate line item)  
 Fixed Fees or Unit Prices: \_\_\_\_\_  
 (Attach Exhibit 1A, page 3 to define how your company charges for these services.)  
 \*Materials / Parts Markup Percentage: 15 %  
 (The maximum bid allowance is 15 %)  
 \*Subcontracted Work Markup Percentage: 15 %  
 (The maximum bid allowance is 15 %)

\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, **DO NOT** use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.

Parkhouse  
Tire

**MEDIUM TRUCK LABOR PRICING**

**\*\*\*EMERGENCY ROAD SERVICE \*\*\***

Road/Emergency Service—Hourly M-F 7:00 AM-5:00 PM <u>Plus Piecework</u>	\$ 54.00
Road/Emergency Service—After Hours & Saturday-Hourly 2 Hour Minimum- <u>Plus Piecework and Dispatch Fee</u>	\$ 75.00
Road/Emergency Service—Sunday & Holidays Hourly 2 Hour Minimum- <u>Plus Piecework and Dispatch Fee</u>	\$108.00
After Hours Dispatch Fee	\$ 15.00
Mileage—Up to 20 Miles	No Charge
Mileage—Over 20 Miles-Each	\$ .95
Fuel Surcharge	\$ 9.50

**FLEET SERVICE**

<u>Hourly Rate</u> Fleet Service—Pre-scheduled-Customer Yard-Hourly Portal to Portal— <u>Piecework Included</u>	\$ 54.00
<u>Flat Rate</u> One time service call charge pre-scheduled-Customer Yard <u>Plus Piece Work</u>	\$ 54.00

**PIECEWORK**

<u>PIECEWORK (Road/Emergency Service only or Parkhouse Yard)</u>	
Wheel Switch—Medium Truck	\$ 10.00
Dismount & Mount-Medium Truck	\$ 20.00
Flat Repair-Medium Truck-Loose	\$ 20.00*
Flat Repair-Medium Truck-On Truck	\$ 22.00*
<i>*Plus Repair Material</i>	

Parkhouse  
Tire

**OFF THE ROAD & INDUSTRIAL/FORKLIFT LABOR PRICES**

Mini Boom-Hourly-7 AM-5 PM-2 Hr. Min	\$ 64.00
Mini Boom-After Hours-2 Hr. Min.	\$ 91.00
Mini Boom-Sun. & Holidays	\$111.00
Large Boom-Hourly-7 AM-5 PM 2 Hr. Min	\$ 85.00
Large Boom After Hours-2 Hr. Min.	\$105.00
Large Boom- Sun. & Holidays	\$118.00
OTR Mileage Charge over 80 miles	\$ .95 per mile

**\*\*\* INDUSTRIAL/FORKLIFT SERVICE \*\*\***

Press Labor-Customer Yard/Parkhouse Yard-Per Inch	\$ 2.50
Remove & Replace-Each Tire	\$ 5.50
Minimum Labor-Industrial Service Call	\$ 60.00
Travel Charge (outside 40 miles)	\$ 75.00 per call

## Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair ServicesSTATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME:

BARKHOUSE TIRE INC.

SERVICES	FIXED FEES / UNIT PRICE
Large Truck Disposal TIRE	= \$ 6. <sup>00</sup> per UNIT
Light Truck Disposal TIRE	= \$ 2. <sup>00</sup> per UNIT
Passenger Disposal TIRE	= \$ 1.25 per UNIT
California Recycling Fee	= \$ 1.75 per UNIT
SP9 4 3/8 Brass Valve Stem TR573	= \$ 2.88 + Tax
SP10 Flow through valve cap	= \$ .71 + Tax
SP12 High temp Valve CORE	= \$ .19 + Tax
SP16 RMA Repair UNIT	= \$ 5.81 + Tax
SP18 Px1 Repair UNIT	= \$ 1.46 + Tax
SP19 Px2 Repair UNIT	= \$ 2.91 + Tax
SP20 Px3 Repair UNIT	= \$ 4.36 + Tax
SP21 Px4 Repair UNIT	= \$ 5.81 + Tax
PB120 Plug + 120 Repair UNIT	= \$ 8.24 + Tax
Passenger balance	= \$ 6.50
L. TRUCK balance	= \$ 8.50

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name PECK ROAD FORD TRUCK CENTER.

Address 2450 KELLA AVE

City WHITTIER State CALIF Zip 90601

Contact Name JIM KELLY.

Phone # OFFICE 562-692-7267 CELL 562-536-0381 Fax # 562-692-3658.

24 Hour Contact EDDIE TORRES 562-536-0385  
JIM KELLY 562-536-0381 Toll Free # 877-605-ROAD.

Business Days & Hours M-F 7AM TO MIDNIGHT SAT 7:30AM TO 4:00PM.

Contractor License #: D.M.V. 4383.

Other License (if applicable): \_\_\_\_\_

WEBVEN Vendor # (Required): 03246901

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

**Please Note:** Your pricing shall also be reflected on your invoice.

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 88.00

Overtime Hourly Rate: \$ 88.00.

Freight: \$ F.O.B DESTINATION.  
(FOB Destination - Show Freight as a separate line item)

Fixed Fees or Unit Prices: \_\_\_\_\_  
(Attach Exhibit 1A, page 3 to define how your company charges for these services.)

\*Materials / Parts Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

\*Subcontracted Work Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

**\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.**

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name PEPE'S TOWING SERVICE INC.

Address 918 SOUTH BOYLE AVENUE

City LOS ANGELES State CALIFORNIA Zip 90023

Contact Name JOSE ACOSTA

Phone # 323-263-6911 Fax # 323-268-1652

24 Hour Contact DISPATCH Toll Free # \_\_\_\_\_

Business Days & Hours 365 DAYS PER YEAR, 24 HRS PER DAY AVAILABLE

Contractor License #: \_\_\_\_\_

Other License (if applicable): 813482-95

WEBVEN Vendor # (Required): 11918301

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ \_\_\_\_\_

Overtime Hourly Rate: \$ \_\_\_\_\_

Freight: \_\_\_\_\_  
(FOB Destination – Show Freight as a separate line item) \$ \_\_\_\_\_

Fixed Fees or Unit Prices: \_\_\_\_\_  
*(Attach Exhibit 1A, page 3 to define how your company charges for these services.)*

\*Materials / Parts Markup Percentage: \_\_\_\_\_ %  
(The maximum bid allowance is 15%)

\*Subcontracted Work Markup Percentage: \_\_\_\_\_ %  
(The maximum bid allowance is 15%)

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME: PEPE'S TOWING SERVICE, INC.

SERVICES	FIXED FEES / UNIT PRICE
Light duty towing	= \$ 65.00 P/Hr
up to 14,000 lbs. G.V.W.R.	= \$ portal to portal
	= \$
Medium duty towing	= \$ 95.00 P/HR
From 14,001 lbs to 19,500 lbs	= \$ portal to portal
G.V.W.R.	= \$
	= \$
Heavy duty towing	= \$ 150.00 P/Hr
from 19,501 lbs to 75,000 G.V.W.R.	\$ portal to portal
including lowboy	= \$
	= \$
	= \$
	= \$
	= \$
	= \$

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Person Hydraulics, Inc.  
 Address 13509 S. Raymond Ave.  
 City Gardena State CA Zip 90247  
 Contact Name Greff Liggett  
 Phone # (310) 323-3155 Fax # (310) 323-3606  
 24 Hour Contact N/A Toll Free # N/A  
 Business Days & Hours Monday - Friday 7:00 - 4:00  
 Contractor License #: 1031515  
 Other License (if applicable): C61-D21-B  
 WEBVEN Vendor # (Required): 51142701

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

	<u>one man</u>	<u>crew</u>
Regular Hourly Rate: \$	<u>75<sup>00</sup></u>	<u>\$125<sup>00</sup></u>
Overtime Hourly Rate: \$	<u>112<sup>50</sup></u>	<u>\$187<sup>50</sup></u>
Freight: (FOB Destination - Show Freight as a separate line item)	<u>Straight price</u>	
Fixed Fees or Unit Prices:	<small>(Attach Exhibit 1A, page 3 to define how your company charges for these services.)</small>	
*Materials / Parts Markup Percentage: (The maximum bid allowance is 15%)	<u>15 %</u>	
*Subcontracted Work Markup Percentage: (The maximum bid allowance is 15%)	<u>15 %</u>	

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME: Peterson Hydraulics, Inc.

SERVICES	FIXED FEES / UNIT PRICE
Service Call	= \$ 65 <sup>00</sup>
Service call labor rate 2 men	= \$ 125 <sup>00</sup> /hr
Service Call labor rate 1 man	= \$ 75 <sup>00</sup> /hr.
	= \$
	= \$
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	= \$

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Powertrain Reman Industries  
 Address 1646 Cowles St.  
 City Long Beach State CA Zip 90813  
 Contact Name Marty Salinas  
 Phone # (562) 432-8555 Fax # (562) 432-8554  
 24 Hour Contact \_\_\_\_\_ Toll Free # \_\_\_\_\_  
 Business Days & Hours Monday thru Friday 8:00 a.m. to 5:00 p.m.  
 Contractor License #: \_\_\_\_\_  
 Other License (if applicable): \_\_\_\_\_  
 WEBVEN Vendor # (Required): 51147001

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 65.95  
 Overtime Hourly Rate: \$ 65.95  
 Freight: \$ ϕ  
 (FOB Destination – Show Freight as a separate line item)  
 Fixed Fees or Unit Prices: \_\_\_\_\_  
 (Attach Exhibit 1A, page 3 to define how your company charges for these services.)  
 \*Materials / Parts Markup Percentage: \_\_\_\_\_ %  
 (The maximum bid allowance is 15 %)  
 \*Subcontracted Work Markup Percentage: \_\_\_\_\_ %  
 (The maximum bid allowance is 15 %)

\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, **DO NOT** use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name PTO Sales, Corporation  
 Address 14815 Firestone Blvd.  
 City La Mirada State CA Zip 90688  
 Contact Name Jim M. Graham  
 Phone # 714-690-4970 Fax # 714-690-4975  
 24 Hour Contact 949-690-4970 Toll Free # \_\_\_\_\_  
 Business Days & Hours Monday through Friday 7:30am to 5p.m.  
 Contractor License #: \_\_\_\_\_

Other License (if applicable): \_\_\_\_\_

WEBVEN Vendor # (Required): 04265901

REGISTER AT:

[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

**Please Note:** Your pricing shall also be reflected on your invoice.

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 65<sup>00</sup>

Overtime Hourly Rate: \$ 97<sup>50</sup>

Freight: \$ COST  
(FOB Destination - Show Freight as a separate line item)

Fixed Fees or Unit Prices: \_\_\_\_\_  
*(Attach Exhibit 1A, page 3 to define how your company charges for these services.)*

\*Materials / Parts Markup Percentage: 10 %  
(The maximum bid allowance is 15 %)

\*Subcontracted Work Markup Percentage: N/A %  
(The maximum bid allowance is 15 %)

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name QUINN POWER SYSTEMS

Address 3500 SHEPHERD STREET

City CITY OF INDUSTRY State CA Zip 90601

Contact Name KURT HINTZ

Phone # (562) 463-6080 Fax # (562) 463-6096

24 Hour Contact \_\_\_\_\_ Toll Free # \_\_\_\_\_

Business Days & Hours MONDAY-FRIDAY 7:00 A.M. TO MIDNIGHT

Contractor License #: \_\_\_\_\_

Other License (if applicable): \_\_\_\_\_

WEBVEN Vendor # (Required): \_\_\_\_\_

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 98.00

Overtime Hourly Rate: \$ 147.00

Freight: \$ COST  
(FOB Destination – Show Freight as a separate line item)

Fixed Fees or Unit Prices: \_\_\_\_\_  
*(Attach Exhibit 1A, page 3 to define how your company charges for these services.)*

\*Materials / Parts Markup Percentage: AT CATERPILLAR <sup>v</sup>/<sub>100</sub> RETAIL PRICE  
(The maximum bid allowance is 15 %)

\*Subcontracted Work Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, **DO NOT** use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*



Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Rush Truck Centers of California

Address 8830 Slonson Ave.

City Pico Rivera State CA Zip 90660

Contact Name \_\_\_\_\_

Phone # (562) 949-5451 Fax # (562) 566-4377

24 Hour Contact Jopie Hengst (562) 318-4130 Toll Free # 800-776-3647

Business Days & Hours M-F 7:00 a.m. - 9:00 p.m. Sat 8:00 a.m. - 4:00 pm Sun close

Contractor License #: \_\_\_\_\_

Other License (if applicable): \_\_\_\_\_

WEBVEN Vendor # (Required): \_\_\_\_\_

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

**Please Note:** Your pricing shall also be reflected on your invoice.

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 96.00

Overtime Hourly Rate: \$ 144.00

Freight: Per frt. invoices  
(FOB Destination - Show Freight as a separate line item) \$ 5/15

Fixed Fees or Unit Prices: \_\_\_\_\_  
*(Attach Exhibit 1A, page 3 to define how your company charges for these services.)*

\*Materials / Parts Markup Percentage: 15%  
(The maximum bid allowance is 15%)

\*Subcontracted Work Markup Percentage: 15%  
(The maximum bid allowance is 15%)

**\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.**

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF FIXED FEES OR UNIT PRICES**

FIRM NAME: Rush Truck Centers of California

SERVICES	FIXED FEES / UNIT PRICE
<u>Machine Charges</u>	= \$ <u>15% of Labor not to exceed \$150.00</u>
<u>Shop Supplies</u>	= \$ <u>12% of Labor Not to exceed \$150.00</u>
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
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	= \$
	= \$
	= \$
	= \$
	= \$

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name SAFELITE AUTOGLASS

Address 2303 S. TUBEWAY

City COMMERCE State CA Zip 90040

Contact Name DREW CARTER / JOHN BELL

Phone # 323-724-0501 / 805-573-1130 Fax # 323-724-0626

24 Hour Contact SAFELITE Toll Free # 800-800-2727

Business Days & Hours MONDAY - SATURDAY, 8 AM TO 5 PM

Contractor License #: N/A

Other License (if applicable): \_\_\_\_\_

WEBVEN Vendor # (Required): 51272301

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 15.<sup>00</sup>

Overtime Hourly Rate: \$ N/A

Freight:  
(FOB Destination - Show Freight as a separate line item) \$ N/A

Fixed Fees or Unit Prices: \_\_\_\_\_  
*(Attach Exhibit 1A, page 3 to define how your company charges for these services.)*

\*Materials / Parts Markup Percentage:  
(The maximum bid allowance is 15 %) 15.0 %

\*Subcontracted Work Markup Percentage:  
(The maximum bid allowance is 15 %) 15.0 %

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME: SAFELITE AUTOGLASS

SERVICES	FIXED FEES / UNIT PRICE
<u>DOMESTIC &amp; FOREIGN WINDSHIELDS</u>	= \$ <u>37% OFF NAGS LIST</u>
<u>DOMESTIC &amp; FOREIGN TEMPERED GLASS</u>	= \$ <u>32% OFF NAGS LIST</u>
<u>RELATED MOLDINGS (IF REQUIRED)</u>	= \$ <u>LIST PRICE</u>
<u>WINDSHIELD REPAIRS</u>	= \$ <u>39.95 FIRST CHIP, \$10.00 EA. ADDITIONAL</u>
<u>LABOR RATE</u>	= \$ <u>15.00 PER NAGS HOUR</u>
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Smith and Hartford Coach Works

Address 417 E. Euclid Ave

City Compton State Ca Zip 90222

Contact Name Igor Frank

Phone # 310 635-9432 Fax # 310 635-0710

24 Hour Contact 818 731-2753 Toll Free # \_\_\_\_\_

Business Days & Hours monday through friday 6:30 am till 5:30 pm

Contractor License #: AA243379

Other License (if applicable): 04000957

WEBVEN Vendor # (Required): 12331201 Visit [http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm) to register.

*Please note your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 30.00

Overtime Hourly Rate: \$ 30.00

Freight:  
(FOB Destination - Show Freight as a separate line item) \$ \_\_\_\_\_

Fixed Fees or Unit Prices: \_\_\_\_\_  
*(Attach Exhibit 1A, page 3 to define how your company charges for these services.)*

\*Materials / Parts Markup Percentage: 15 %  
*(The maximum bid allowance is 15 %)*

\*Subcontracted Work Markup Percentage: 15 %  
*(The maximum bid allowance is 15 %)*

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME: Smith & Hartford Coach Works

SERVICES	FIXED FEES / UNIT PRICE
Alignment large vehicle	= \$ 180.00
Alignment light vehicle	= \$ 90.00
Hazardous Waste	= \$ 5.00
Delivery	= \$ no charge
frame set up and measure	= \$ 100.00
light vehicle detail	= \$ 125.00
large vehicle detail	= \$ 250.00
frame labor	= \$ 60.00/hour
suspension labor	= \$ 60.00/hour
electrical work	= \$ 60.00/hour
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name South Bay Ford, Inc.  
 Address 5100 Rosecrans Ave or P.O. Box 1550  
 City Hawthorne State CA Zip 90251  
 Contact Name Bob Cawley  
 Phone # 310-706-6101 Fax # 310-706-6105  
 24 Hour Contact Bob Cawley 310-291-6134 Toll Free # \_\_\_\_\_  
 Business Days & Hours M-F 7AM to 6PM Sat 7AM to 4PM  
 Contractor License #: BAR AA 225696

Other License (if applicable): \_\_\_\_\_

WEBVEN Vendor # (Required): 51978401

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 85.00 (Flat Rate Hrs)

Overtime Hourly Rate: \$ N/A

Freight: \$ N/A  
(FOB Destination - Show Freight as a separate line item)

Fixed Fees or Unit Prices: \_\_\_\_\_  
*(Attach Exhibit 1A, page 3 to define how your company charges for these services.)*

\*Materials / Parts Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

\*Subcontracted Work Markup Percentage: 10 %  
(The maximum bid allowance is 15 %)

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME: South Bay Ford, Inc

SERVICES	FIXED FEES / UNIT PRICE
<u>Brake Replacement</u>	= \$
<u>- Cars &amp; Lt. Trucks</u>	= \$ OEM \$149. <sup>88</sup> / Motorcraft \$109. <sup>88</sup>
<u>- F-250 &amp; E-250</u>	= \$ OEM \$179. <sup>88</sup> / Motorcraft \$134. <sup>88</sup>
<u>- Heavy Duty</u>	= \$ OEM \$199. <sup>88</sup> / Motorcraft \$149. <sup>88</sup>
<u>Flat Tire Repair</u>	= \$ No Charge
<u>Oil &amp; Filter Change</u>	= \$
<u>- Cars &amp; Lt. Trucks</u>	= \$ 29. <sup>88</sup>
<u>- 7.3 Ltr. Diesel</u>	= \$ 84. <sup>88</sup>
<u>- 6.0 Ltr. Diesel</u>	= \$ 99. <sup>88</sup>
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Speedo Electric Inc.

Address 5608 East Washington Blvd.

City Commerce State CA Zip 90040

Contact Name Jerry Fine

Phone # (323) 721-9414 Fax # (323) 721-8553

24 Hour Contact N/A Toll Free # N/A

Business Days & Hours Mon. through Fri. 8 A.M. to 4:30 P.M.

Contractor License #: N/A

Other License (if applicable): #102239

WEBVEN Vendor # (Required): 04073401

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 68.00

Overtime Hourly Rate: \$102.00

Freight:  
(FOB Destination – Show Freight as a separate line item) \$ As Needed

Fixed Fees or Unit Prices: (Attach Exhibit 1A, page 3 to define how your company charges for these services.)

\*Materials / Parts Markup Percentage:  
(The maximum bid allowance is 15%) 15 %

\*Subcontracted Work Markup Percentage:  
(The maximum bid allowance is 15%) 15 %

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, **DO NOT** use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form - Exhibit 1A

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Harbor Real Estate, LP. DBA The BoatYard

Address 13555 Fiji Way

City Marina Del Rey State California Zip 90292

Contact Name Victor Espino

Phone # (310) 823-8964 Fax # (310) 821-0569

24 Hour Contact Victor Espino Toll Free # (310) 864-5274

Business Days & Hours Monday - Friday: 7:30am - 4:00pm

Contractor License #: N/A

Other License (if applicable): N/A

WEBVEN Vendor # (Required): 51147701 Visit [http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm) to register.

***Please note your pricing shall also be reflected on your invoice.***

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 65.00

Overtime Hourly Rate: \$ 97.5

Freight:  
(FOB Destination – Show Freight as a separate line item) \$ N/A

Fixed Fees or Unit Prices: (Attach Exhibit 1A, page 3 to define how your company charges for these services.)

\*Materials / Parts Markup Percentage:  
(The maximum bid allowance is 15 %) 15.00 %

\*Subcontracted Work Markup Percentage:  
(The maximum bid allowance is 15 %) 15.00 %

**\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.**

Required Form- Exhibit 1A

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF FIXED FEES OR UNIT PRICES**

FIRM NAME: Harbor Real Estate, LP. DBA The Boatyard

SERVICES	FIXED FEES / UNIT PRICE
Engine Lift / Set	= \$ 85.00 Per 1/2 Hour
Engine Lift / Set With C - Frame	= \$ 125.00 Per 1/2 Hour
Pressure Wash Up To 35'	= \$ 65.00
Pressure Wash 36' To 45'	= \$ 85.00
Pressure Wash over 46'	= \$ 100.00
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

# THE BOAT YARD

AS OF 01/23/06

**SPOT PRIME, BLISTERS AND SANDING NOT INCLUDED**

PAIN AMOUNT	SIZE	H+L	LAY DAY	LAY DAY SPECIAL (3 FOR 5)	HAZARD WASTE	PAIN T	LABOR & MISC MAT'L	HCPB 1 COAT	HCPB 2 COATS	BOTTOM SPECIAL 15% OFF
0.75	MIN	\$95	\$55	\$165	\$20	\$179	\$140	\$434	\$557	\$473
0.75	20	\$109	\$55	\$165	\$20	\$179	\$140	\$448	\$707	\$601
0.75	21	\$112	\$58	\$173	\$20	\$179	\$146	\$457	\$719	\$611
0.75	22	\$113	\$61	\$182	\$20	\$179	\$152	\$464	\$729	\$620
0.75	23	\$117	\$63	\$190	\$20	\$179	\$158	\$474	\$742	\$631
0.75	24	\$121	\$66	\$198	\$20	\$179	\$164	\$484	\$755	\$642
0.75	25	\$124	\$69	\$206	\$20	\$179	\$170	\$493	\$767	\$652
0.75	26	\$128	\$72	\$215	\$20	\$179	\$176	\$503	\$780	\$663
0.75	27	\$132	\$74	\$223	\$20	\$179	\$182	\$513	\$793	\$674
0.75	28	\$136	\$77	\$231	\$20	\$179	\$188	\$523	\$806	\$685
1.00	29	\$139	\$80	\$239	\$20	\$180	\$199	\$538	\$830	\$706
1.00	30	\$147	\$83	\$248	\$30	\$180	\$205	\$562	\$857	\$728
1.00	31	\$151	\$85	\$256	\$30	\$180	\$211	\$572	\$870	\$740
1.25	32	\$156	\$88	\$264	\$30	\$225	\$217	\$628	\$974	\$828
1.25	33	\$160	\$91	\$272	\$30	\$225	\$223	\$638	\$987	\$839
1.50	34	\$166	\$94	\$281	\$30	\$270	\$229	\$695	\$1,092	\$928
1.50	35	\$171	\$96	\$289	\$30	\$270	\$235	\$706	\$1,106	\$940
1.50	36	\$176	\$99	\$297	\$30	\$270	\$246	\$722	\$1,130	\$961
1.50	37	\$181	\$102	\$305	\$30	\$270	\$252	\$733	\$1,144	\$972
1.50	38	\$187	\$105	\$314	\$30	\$270	\$258	\$745	\$1,159	\$985
1.75	39	\$192	\$107	\$322	\$30	\$315	\$264	\$801	\$1,263	\$1,074
1.75	40	\$197	\$110	\$330	\$30	\$315	\$270	\$812	\$1,277	\$1,085
2.00	41	\$203	\$113	\$338	\$30	\$360	\$286	\$879	\$1,402	\$1,192
2.00	42	\$207	\$116	\$347	\$30	\$360	\$292	\$889	\$1,415	\$1,203
2.00	43	\$213	\$118	\$355	\$30	\$360	\$298	\$901	\$1,430	\$1,216
2.00	44	\$229	\$121	\$363	\$30	\$360	\$304	\$923	\$1,455	\$1,237
2.25	45	\$234	\$124	\$371	\$30	\$405	\$310	\$979	\$1,559	\$1,325
2.25	46	\$239	\$127	\$380	\$40	\$405	\$316	\$1,000	\$1,583	\$1,346
2.50	47	\$245	\$129	\$388	\$40	\$450	\$322	\$1,057	\$1,688	\$1,435
2.50	48	\$250	\$132	\$396	\$40	\$450	\$328	\$1,068	\$1,702	\$1,447
2.75	49	\$255	\$135	\$404	\$40	\$495	\$334	\$1,124	\$1,806	\$1,535
2.75	50	\$261	\$138	\$413	\$40	\$495	\$340	\$1,136	\$1,821	\$1,548
3.00	51	\$266	\$140	\$421	\$40	\$540	\$356	\$1,202	\$1,945	\$1,653
3.00	52	\$271	\$143	\$429	\$40	\$540	\$362	\$1,213	\$1,959	\$1,665
3.00	53	\$277	\$146	\$437	\$40	\$540	\$368	\$1,225	\$1,974	\$1,678
3.50	54	\$282	\$149	\$446	\$40	\$630	\$374	\$1,326	\$2,168	\$1,843
3.50	55	\$287	\$151	\$454	\$40	\$630	\$380	\$1,337	\$2,182	\$1,855
3.50	56	\$297	\$154	\$462	\$40	\$630	\$386	\$1,353	\$2,201	\$1,871
3.50	57	\$311	\$157	\$470	\$40	\$630	\$392	\$1,373	\$2,224	\$1,890
4.00	58	\$319	\$160	\$479	\$40	\$720	\$398	\$1,477	\$2,421	\$2,058
4.00	59	\$327	\$162	\$487	\$40	\$720	\$404	\$1,491	\$2,438	\$2,072
4.00	60	\$335	\$165	\$495	\$40	\$720	\$410	\$1,505	\$2,455	\$2,087

**PRESSURE WASH:** \$65.00 UP TO 35'  
 \$85.00 36' TO 45'  
 \$100.00 OVER 46'

**BOOM** \$85.00 per 1/2 HOUR    **MARINE BUSINESS**  
**CRANE** \$95.00 per 1/2 HOUR    **CUSTOMERS**  
 ( ENGINE LIFTS/SETS, MAST STEPS/UNSTEPS )  
 \$125.00 per 1/2 FOR "C" FRAMES

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Truck Specialty Service, Inc.

Address 4019 E. 52nd Street

City Maywood State CA Zip 90270

Contact Name Glen Firment

Phone # (323) 589-6415 Fax # (323) 589-6231

24 Hour Contact (323) 589-6415 Toll Free # \_\_\_\_\_

Business Days & Hours Monday thru Friday 8:00am to 5:00pm Saturday 8:00am to 2:30pm

Contractor License #: \_\_\_\_\_

Other License (if applicable): City of Maywood Business License 129161

WEBVEN Vendor # (Required): 50836001

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 58.00

Overtime Hourly Rate: \$ 87.00

Freight: \_\_\_\_\_  
(FOB Destination – Show Freight as a separate line item) \$

Fixed Fees or Unit Prices: \_\_\_\_\_  
*(Attach Exhibit 1A, page 3 to define how your company charges for these services.)*

\*Materials / Parts Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

\*Subcontracted Work Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME: Truck Specialty Service, Inc.

SERVICES	FIXED FEES / UNIT PRICE
shipping on parts inbound (special order only)	= \$ .75/lb
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name United Auto & Truck, Inc.

Address 13101 Foothill Blvd.

City Sylmar State CA Zip 91342

Contact Name Hisham (Peter) Abdelshahed

Phone # (818) 837-4595 Fax # (818) 837-4590

24 Hour Contact Peter Abdelshahed Toll Free # 1 (888) 878-2531

Business Days & Hours Monday - Saturday 8:00AM to 5:00 PM

Contractor License #: n/a

Other License (if applicable): n/a

WEBVEN Vendor # (Required): 51147201

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 75.00

Overtime Hourly Rate: \$ 112.50

Freight: \$ cost  
(FOB Destination - Show Freight as a separate line item)

Fixed Fees or Unit Prices: (Attach Exhibit 1A, page 3 to define how your company charges for these services.)

\*Materials / Parts Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

\*Subcontracted Work Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
**Fire Fleet Maintenance and Repair Services**

**STATEMENT OF FIXED FEES OR UNIT PRICES**

FIRM NAME: United Auto & Truck, Inc.

SERVICES	FIXED FEES / UNIT PRICE
Hazardous Waste Fee	= \$ 11.00 Per Unit
Towing	= \$ Cost
BIT Inspection	= \$ 75.00
Pumper PM Services	= \$ 250.00 to 400.00
Crew	= \$ 195.00 to 275.00
Aerial PM Service	= \$ 450.00 to 500.00
Buses PM Service	= \$ 195.00 to 275.00
Diesel Pick UP F250 - F450	= \$ 185.00
Crown Victoria PM Service	= \$ 95.20
Dodge Stratus PM Service	= \$ 72.43
DOT Inspection	= \$ 75.00
Steam Clean & Wash	= \$ 75.00 Most Vehicles
	= \$
	= \$
	= \$

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

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Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name United Transmission Exchange

Address 24147 E 6th St.

City San Bernardino State CA Zip 92410

Contact Name Adrian Downs

Phone # 909-384-8140 Fax # 909-384-8145

24 Hour Contact Jim Knox 562-500-6133 cell Toll Free # 800-527-1637

Business Days & Hours Mon-Fri 6:00 - 5:00pm

Contractor License #: \_\_\_\_\_

Other License (if applicable): \_\_\_\_\_

WEBVEN Vendor # (Required): 51471001

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 85.00

Overtime Hourly Rate: \$ 127.50

Freight:  
(FOB Destination - Show Freight as a separate line item) \$ No charge for UPS ground

Fixed Fees or Unit Prices: (Attach Exhibit 1A, page 3 to define how your company charges for these services.)

\*Materials / Parts Markup Percentage: % 15%  
(The maximum bid allowance is 15%)

\*Subcontracted Work Markup Percentage: %  
(The maximum bid allowance is 15%)

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, **DO NOT** use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME: United Transmission Exchange

SERVICES	FIXED FEES / UNIT PRICE
<u>Provide Allison Transmissions</u>	= \$ Time and material
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$
_____	= \$

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Valeo Transmission Ltd  
 Address 7826 - Pear Blossom Hwy  
 City Wheatland State Ca Zip 93543  
 Contact Name Nicole Hanzel or Valerie Hanzel  
 Phone # 661-944-4858 Fax # 661-944-5822  
 24 Hour Contact Nicole or Valerie 661-944-7032 or 661-944-4086 Toll Free # 1-800-249-5345  
 Business Days & Hours Mon-Friday 8-5 unless other arrangements  
 Contractor License #: LA Co. Business Lic. # 382590 / 4040-131548 II  
 Other License (if applicable): Bureau of Auto Repair Reg # 17H104689  
 WEBVEN Vendor # (Required): 5050670

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

**Please Note:** Your pricing shall also be reflected on your invoice.

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 68.50  
 Overtime Hourly Rate: \$ N/A  
 Freight:  
 (FOB Destination - Show Freight as a separate line item) \$ N/A  
 Fixed Fees or Unit Prices: \_\_\_\_\_  
(Attach Exhibit 1A, page 3 to define how your company charges for these services.)  
 \*Materials / Parts Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)  
 \*Subcontracted Work Markup Percentage: 15 %  
(The maximum bid allowance is 15 %)

**\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.**

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME: Valco Transmission Ltd

SERVICES	FIXED FEES / UNIT PRICE
<u>Transmission Overhaul</u>	<u>= \$ 5.00 Heavy Waste Fee</u>
<u>Differential</u>	<u>= \$ 5.00 Heavy Waste Fee</u>
<u>Transfer Case</u>	<u>= \$ 5.00 Heavy Waste Fee</u>
<u>Shipping (charged to me)</u>	<u>= \$ same (no increase)</u>
_____	<u>= \$</u>

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Vision Communications  
 Address 4501 E. Pacific Coast Hwy #100  
 City Long Beach State Ca Zip 90804  
 Contact Name Auty Moayeri  
 Phone # 562-494-1326 Fax # 562-494-1106  
 24 Hour Contact Auty Moayeri Toll Free # 800-778-2275  
 Business Days & Hours M-F 8am - 5pm  
 Contractor License #: 835423  
 Other License (if applicable): —  
 WEBVEN Vendor # (Required): 10942101

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

**Please Note:** Your pricing shall also be reflected on your invoice.

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 95.00

Overtime Hourly Rate: \$ 142.50

Freight:  
 (FOB Destination - Show Freight as a separate line item) \$ FOB Origen

Fixed Fees or Unit Prices: (Attach Exhibit 1A, page 3 to define how your company charges for these services.)

\*Materials / Parts Markup Percentage:  
 (The maximum bid allowance is 15 %) 10%

\*Subcontracted Work Markup Percentage:  
 (The maximum bid allowance is 15 %) 10%

**\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.**



**Purchase Order Contract**

City of Glendale  
 Purchasing Department  
 100 N. Glendale Ave  
 Room 346  
 Glendale, CA 91206-4499  
 Phone: 818/548-2102

PO/Contract ID	Date	Page
7000002734	5/2/2006	2
Buyer: Rokaei, Afshin		818/548-2102

Contact: STEVE HRONEK  
 Contact phone: 818/548-3957

100 N. Glendale Ave  
 Glendale, CA 91206

Vendor ID: 206761  
 562/494-1326  
 VISION COMMUNICATIONS  
 4501 E PACIFIC COAST HIGHWAY  
 LONG BEACH, CA  
 90804

Bill To: VISION COMMUNICATIONS  
 4501 E PACIFIC COAST HIGHWAY  
 LONG BEACH, CA  
 90804

Description	Begin Date	End Date	Extended Amt
RADIO INSTALLATION, ON-SITE			40,000.00

**RATES:**

- FRONT MOUNT RADIO INSTALLATION: \$75.00
- FRONT MOUNT RADIO REMOVAL: \$35.00
- FRONT MOUNT RADIO PROGRAMMING (CITY-SUPPLIED CODEPLUG): \$20.00
- REMOTE MOUNT RADIO INSTALLATION: \$95.00
- REMOTE MOUNT RADIO REMOVAL: \$50.00
- REMOTE MOUNT RADIO PROGRAMMING (CITY-SUPPLIED CODEPLUG): \$20.00
- PORTABLE RADIO CHARGER INSTALLATION: \$75.00

B. HOURLY RATE FOR ADDITIONAL TECHNICAL SUPPORT WHICH MAY BE NECESSARY TO CONFIGURE NON-STANDARD INSTALLATIONS.

LABOR RATE: \$75.00/ HOUR  
 C. MINIMUM CHARGE FOR EACH VISIT

MINIMUM CHARGE: \$120.00

THE VENDOR SHALL MAINTAIN CURRENT, VALID, COMMERCIAL GENERAL LIABILITY, AUTO LIABILITY (IF REQUIRED), AND WORKERS COMPENSATION INSURANCE DOCUMENTS ON FILE IN THE CITY OF GLENDALE PURCHASING OFFICE DURING THE EFFECTIVE PERIOD OF THIS ORDER. THESE DOCUMENTS SHALL BE APPROVED BY THE GLENDALE CITY ATTORNEY'S OFFICE BEFORE THEY ARE CONSIDERED VALID. FAILURE TO PROVIDE SUCH INSURANCE WHEN REQUESTED OR TO OBTAIN NEWAL COMPLIANCE SHALL CAUSE THE CITY TO STOP WORK IN PROGRESS AND WILL BE CONSIDERED A BREACH OF CONTRACT. THE INSURANCE IS BROUGHT INTO COMPLIANCE.

Vendor to include unit price, applicable taxes and shipping charges on invoice/ packing slips for each shipment. The printed terms and conditions appearing on the face and accompanying this purchase order constitute a part of this order.

Purchasing Administrator  
*Christopher P Klein*

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Western Automatic Transmission Exchange, Inc.

Address 1807 5th Ave.

City Los Angeles State CA Zip 90019

Contact Name Donald Misraje

Phone # 323-737-5009 Fax # 323-737-5019

24 Hour Contact N/A Toll Free # N/A

Business Days & Hours Monday to Friday, 7:00 a.m. to 5:00 p.m.

Contractor License #: \_\_\_\_\_

Other License (if applicable): \_\_\_\_\_

WEBVEN Vendor # (Required): \_\_\_\_\_

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 62.50

Overtime Hourly Rate: \$ 62.50

Freight:  
(FOB Destination – Show Freight as a separate line item) \$ 0.00

Fixed Fees or Unit Prices: \_\_\_\_\_  
*(Attach Exhibit 1A, page 3 to define how your company charges for these services.)*

\*Materials / Parts Markup Percentage:  
(The maximum bid allowance is 15 %) 15%

\*Subcontracted Work Markup Percentage:  
(The maximum bid allowance is 15 %) 15%

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, **DO NOT** use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF FIXED FEES OR UNIT PRICES**

FIRM NAME: Western Automatic Transmission Exchange, Inc.

SERVICES	FIXED FEES / UNIT PRICE
<u>Rebuilt transmissions</u>	= <u>\$ Individual pricing, no fixed fees,</u> transmissions are priced on parts and = <u>\$ labor. Call for quotes.</u>
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Wondries Chevrolet

Address 1247 W. Main ST.

City Alhambra State Calif. Zip 91801

Contact Name Eric Aguirre

Phone # (626) 289-3571 Fax # (626) 380-1194

24 Hour Contact \_\_\_\_\_ Toll Free # \_\_\_\_\_

Business Days & Hours Mon-Fri 7:AM - 6:PM Sat: 8:AM - 5:PM

Contractor License #: \_\_\_\_\_

Other License (if applicable): BAR Lic # AL 169582

WEBVEN Vendor # (Required): 51843801

**REGISTER AT:**  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

**Please Note:** Your pricing shall also be reflected on your invoice.

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 70.00

Overtime Hourly Rate: \$ 70.00

Freight: \$ 0  
(FOB Destination - Show Freight as a separate line item)

Fixed Fees or Unit Prices: \_\_\_\_\_  
*(Attach Exhibit 1A, page 3 to define how your company charges for these services.)*

\*Materials / Parts Markup Percentage: cost + 15 %  
(The maximum bid allowance is 15 %)

\*Subcontracted Work Markup Percentage: + 10 %  
(The maximum bid allowance is 15 %)

\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, **DO NOT** use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME: Wondries chevroler

SERVICES	FIXED FEES / UNIT PRICE
Harzard Waste - OIL	= \$ 3.00 Per Service
Tire State Disposal Fee	= \$ 1.75 Per Tire
Tire state of calif TAX	= \$ 1.75 Per Tire
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Wondries Nissan

Address 726 E. Main St

City Alhambra State Calif Zip 91801

Contact Name James Moore

Phone # (626) 289-6161 Fax # (626) 282-1377

24 Hour Contact (626) 380-2240 Toll Free # (800) 853-3985

Business Days & Hours Mon-Fri 7:AM-7:PM Sat 8:AM-5:PM

Contractor License #: \_\_\_\_\_

Other License (if applicable): BAR LIC # AA129695

WEBVEN Vendor # (Required): 51236401

REGISTER AT:  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

**Please Note:** Your pricing shall also be reflected on your invoice.

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 85.00

Overtime Hourly Rate: \$ 85.00

Freight: \$ 0  
 (FOB Destination - Show Freight as a separate line item)

Fixed Fees or Unit Prices: \_\_\_\_\_  
 (Attach Exhibit 1A, page 3 to define how your company charges for these services.)

\*Materials / Parts Markup Percentage: cost + 15 %  
 (The maximum bid allowance is 15 %)

\*Subcontracted Work Markup Percentage: + 10 %  
 (The maximum bid allowance is 15 %)

\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, **DO NOT** use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF FIXED FEES OR UNIT PRICES**

FIRM NAME: Wondries Nissan

SERVICES	FIXED FEES / UNIT PRICE
<u>Hazard Waste Fee - oil</u>	= \$ <u>3.00 Per Service</u>
<u>Tire State Disposal Fee</u>	= \$ <u>1.75 Per Tire</u>
<u>Tire TAX State of Calif.</u>	= \$ <u>1.75 Per Tire</u>
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.

Required Form - Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

**STATEMENT OF HOURLY RATES, COSTS, AND FIXED FEES**

Business Name Wondries Toyota

Address 1543 W. Main St.

City Alhambra State CA Zip 91801

Contact Name Jim Gaver

Phone # (626) 289-8000 Fax # (626) 414-2447

24 Hour Contact \_\_\_\_\_ Toll Free # (800) 933-1700

Business Days & Hours Mon - Fri: 7: - 7: Sat 8: - 5:

Contractor License #: \_\_\_\_\_

Other License (if applicable): \_\_\_\_\_

WEBVEN Vendor # (Required): 51347201

**REGISTER AT:**  
[http://lacounty.info/doing\\_business/main\\_db.htm](http://lacounty.info/doing_business/main_db.htm)

*Please Note: Your pricing shall also be reflected on your invoice.*

**The hourly labor rates for this contract shall be:**

Regular Hourly Rate: \$ 70.00

Overtime Hourly Rate: \$ 70.00

Freight:  
(FOB Destination - Show Freight as a separate line item) \$ \_\_\_\_\_

Fixed Fees or Unit Prices: \_\_\_\_\_  
*(Attach Exhibit 1A, page 3 to define how your company charges for these services.)*

\*Materials / Parts Markup Percentage: Cost + 15%  
(The maximum bid allowance is 15%)

\*Subcontracted Work Markup Percentage: + 10%  
(The maximum bid allowance is 15%)

*\* The maximum allowed percentage markup is 15%. When putting in your markup percentage, DO NOT use a multiplier. Any bids received that have a percentage markup above 15% and/or use a multiplier, are subject to disqualification, at the discretion of the District.*

Required Form- Exhibit 1A

(aka Exhibit B)

Consolidated Fire Protection District of Los Angeles County  
Fire Fleet Maintenance and Repair Services

STATEMENT OF FIXED FEES OR UNIT PRICES

FIRM NAME: Wondries Toyota

SERVICES	FIXED FEES / UNIT PRICE
Hazard Waste Oil	= \$ 3.00 per service
Tire Waste Disposal Fee	= \$ 1.75 per tire
Calif. Tire Tax	= \$ 1.75 per tire
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$
	= \$

Include fees that must be charged to the District, such as hazardous waste fees, disposal fees, shipping and handling fees, etc.



# COUNTY OF LOS ANGELES

## FIRE DEPARTMENT

1320 NORTH EASTERN AVENUE  
LOS ANGELES, CALIFORNIA 90063-3294  
(323) 881-2401

P. MICHAEL FREEMAN  
FIRE CHIEF  
FORESTER & FIRE WARDEN

### Fire Fleet Maintenance and Repair Services

### CBE FORMS

# ATTACHMENT C

SERVING THE UNINCORPORATED AREAS OF LOS ANGELES COUNTY AND THE CITIES OF:

AGOURA HILLS  
ARTESIA  
AZUSA  
BALDWIN PARK  
BELL  
BELL GARDENS  
BELLFLOWER  
BRADBURY

CALABASAS  
CARSON  
CERRITOS  
CLAREMONT  
COMMERCE  
COVINA  
CUDAHY

DIAMOND BAR  
DUARTE  
EL MONTE  
GARDENA  
GLENDDORA  
HAWAIIAN GARDENS  
HAWTHORNE

HIDDEN HILLS  
HUNTINGTON PARK  
INDUSTRY  
INGLEWOOD  
IRWINDALE  
LA CANADA FLINTRIDGE  
LA HABRA

LA MIRADA  
LA PUENTE  
LAKEWOOD  
LANCASTER  
LAWNDALE  
LOMITA  
LYNWOOD

MALIBU  
MAYWOOD  
NORWALK  
PALMDALE  
PALOS VERDES ESTATES  
PARAMOUNT  
PICO RIVERA

POMONA  
RANCHO PALOS VERDES  
ROLLING HILLS  
ROLLING HILLS ESTATES  
ROSEMEAD  
SAN DIMAS  
SANTA CLARITA

SIGNAL HILL  
SOUTH EL MONTE  
SOUTH GATE  
TEMPLE CITY  
WALNUT  
WEST HOLLYWOOD  
WESTLAKE VILLAGE  
WHITTIER

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: A.V. Auto Body & Truck, Inc.

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
Compliance as of the date of this bid submission.
- I AM

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : signed up on 3/27/06

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

**Total Number of Employees** (including owners): 11

**Race/Ethnic Composition of Firm.** Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American					1	
Hispanic/Latino					3	1
Asian or Pacific Islander						
American Indian						
Filipino					1	
White	1	1	1		2	

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	50 %
Women	%	%	%	%	%	50 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS**

**ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Authorized Signature

Title

Date

President of Corp. 3-28-06

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: AMERICAN EAGLE TRANSMISSON DBA A-1 TRANSMISSION

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 13202001

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 5

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino			1		2	
Asian or Pacific Islander						
American Indian						
Filipino						
White		1	1			

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

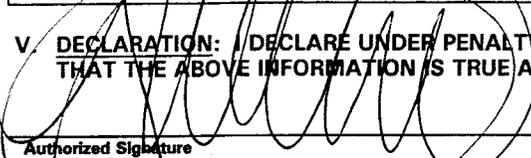
	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	100%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
N/A					

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

 \_\_\_\_\_

Authorized Signature Title Date

OWNER 04/02/2006

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

*Advanced Electronics*

Firm Name: \_\_\_\_\_

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 03714301

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 45

**Race/Ethnic Composition of Firm.** Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						1
Hispanic/Latino					8	1
Asian or Pacific Islander					2	
American Indian						
Filipino						
White	2		3	3	18	5

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

*If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)*

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

  
Authorized Signature

CFO-Owner  
Title

April 4, 2006  
Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: ADVANCED SYSTEMS SERVICES INC

I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : \_\_\_\_\_

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 28

**Race/Ethnic Composition of Firm.** Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino			1		5	3
Asian or Pacific Islander						
American Indian						
Filipino						
White	1	1	1	1	13	2

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

*If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)*

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Paul W. Kington PRESIDENT/CEO 3/29/2006  
Authorized Signature Title Date

Required Form – Exhibit 11

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Atlas Radiator, Inc

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 03881201

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 32

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino	1	1	5	1	19	1
Asian or Pacific Islander						
American Indian			1			
Filipino						
White			1		2	

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	50 %	%	%	%	%
Women	%	50 %	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

  
Authorized Signature

President

3/29/06

Title

Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: BALDWIN Auto BODY

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this bid submission.
- I AM

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 51144302

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 10

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino	1		1		8	1
Asian or Pacific Islander						
American Indian						
Filipino						
White					1	

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	100 %	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

[Signature] Title President Date 3-22-06  
Authorized Signature

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: BECS A DIVISION OF ADP (USA), INC.

I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this bid submission.

I AM

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 12101401

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): \_\_\_\_\_

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino			1		12	2
Asian or Pacific Islander						
American Indian					2	1
Filipino						
White	1		2		7	

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

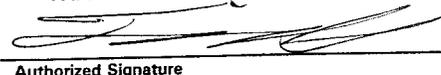
	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

*If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)*

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.**



PROJECT MANAGER

03/20/06

Authorized Signature

Title

Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Betts Truck Parts + Service (Betts Spring Company)

I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this bid submission.

I AM

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : \_\_\_\_\_

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): company wide 239

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American	—	—	—	—	6	2
Hispanic/Latino	—	—	4	—	63	4
Asian or Pacific Islander	—	—	1	—	24	6
American Indian	—	—	—	—	—	—
Filipino	—	—	- Above -	-	- Above -	-
White	1	—	22	2	94	10

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Authorized Signature: [Signature] Title: VICE PRESIDENT Date: 4/03/06

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Bob Woodruff Ford

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 04211701

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 90

**Race/Ethnic Composition of Firm.** Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American					1	1
Hispanic/Latino			1		39	5
Asian or Pacific Islander			3		10	1
American Indian					4	2
Filipino						
White	1	1	4	3	10	5

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

[Signature] President 4-3-08  
 Authorized Signature Title Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration and  
CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: N.A.

*California  
Best  
Radiators*

I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 10776501

**I. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 8

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino	1		1		4	
Asian or Pacific Islander						
American Indian						
Filipino						
White			1	1		

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	100 %	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
N.A.					

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Authorized Signature: [Signature] Title: PRESIDENT Date: 4-20-06

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: CITY TERRACE SERVICE

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 0026545

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 17

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino	2		2		12	1
Asian or Pacific Islander						
American Indian						
Filipino						
White						

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	100 %	%	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
<u>STATE OF CA. DGS</u>			✓		<u>11/30/07</u>

**V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.**

Priscilla Manting  
Authorized Signature

President  
Title

3/25/06  
Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Clark + Howard Towing

I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this bid submission.

I AM

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : \_\_\_\_\_

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

**Total Number of Employees** (including owners): \_\_\_\_\_

**Race/Ethnic Composition of Firm.** Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino					4	
Asian or Pacific Islander						
American Indian						
Filipino					1	
White	3	1			64	2

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

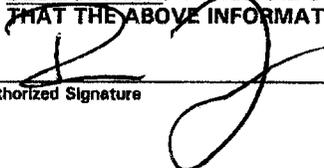
	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	75 %
Women	%	%	%	%	%	25 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.**

Authorized Signature:  Title: Owner Date: 4-4-06

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Collins Trim Shop

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 13151501

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 6

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino					4	
Asian or Pacific Islander						
American Indian						
Filipino						
White	1					1

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Mich Stein owner 3-31-06  
 Authorized Signature Title Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: ED BUTTS FORD

I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this bid submission.

I AM

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : \_\_\_\_\_

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): Approx 70

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						1
Hispanic/Latino			1	1	34	47
Asian or Pacific Islander			1		1	1
American Indian						
Filipino						
White	2		9	1	6	4

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Authorized Signature: [Signature] Title: DEALER PRINCIPAL Date: 4-4-09

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration and  
CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

*Ellis Truck & Bus Repair Inc.*

Firm Name: \_\_\_\_\_

- I AM NOT** A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this bid submission.
- I AM**

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : \_\_\_\_\_

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  Other (Please Specify) \_\_\_\_\_

**Total Number of Employees** (including owners): 3

**Race/Ethnic Composition of Firm.** Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino					✓	
Asian or Pacific Islander						
American Indian						
Filipino						
White	✓	✓			✓	

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	49 %
Women	%	%	%	%	%	51 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

*[Signature]* CO-OWNER 1/20/06  
Authorized Signature Title Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Ford of Montebello

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this bid submission.
- I AM

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : \_\_\_\_\_

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 98

*Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:*

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American	1		2	2	1	-
Hispanic/Latino			5	2	66	13
Asian or Pacific Islander					2	
American Indian						
Filipino						
White					2	2

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	100 %	%	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

*If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)*

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Ford of Montebello by Charie Harris Sec/Treas 4/3/06  
Authorized Signature Title Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Get Tires

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : \_\_\_\_\_

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 12

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino			2			
Asian or Pacific Islander						
American Indian						
Filipino						
White	1	1	8			

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	50 %
Women	%	%	%	%	%	50 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Authorized Signature: [Signature] Title: \_\_\_\_\_ Date: 3/30/06

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Glass Doctor of Mantebello

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : \_\_\_\_\_

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 4

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino					1	
Asian or Pacific Islander						
American Indian						
Filipino						
White	1		1			1

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Francis Bherberdt Office Manager 3/24/06  
 Authorized Signature Title Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Green OK Tire, Inc

I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this bid submission.

I AM As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 042-28701

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 7

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino					5	
Asian or Pacific Islander						
American Indian						
Filipino						
White	1		1			

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Kuo Tseh \_\_\_\_\_ Owner \_\_\_\_\_ 4/1/07  
Authorized Signature Title Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: HARBOR DIESEL & EQUIPMENT, INC

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this bid submission.
- I AM

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : \_\_\_\_\_

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 57

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American					2	
Hispanic/Latino			2		27	2
Asian or Pacific Islander						
American Indian						
Filipino						
White	3		4	1	13	3

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.


Vince Poyssiam
3-31-2006  
 Authorized Signature Title Date

Required Form – Exhibit 11

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: H. W. HUNTER INC

I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this bid submission.

I AM

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 04399902

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

**Total Number of Employees** (including owners): 112

*Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:*

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American					5	1
Hispanic/Latino			1	1	38	3
Asian or Pacific Islander						2
American Indian						
Filipino						
White	2		12	3	31	13

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

[Signature] SERVICE MANAGER 4/4/06  
Authorized Signature Title Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Interstate Tire Distr.

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this bid submission.
- I AM

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : \_\_\_\_\_

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

**Total Number of Employees** (including owners): 43

**Race/Ethnic Composition of Firm.** Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American					1	
Hispanic/Latino			2		27	
Asian or Pacific Islander						
American Indian						
Filipino						
White	2		1		10	

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

*If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)*

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.**

Authorized Signature: [Signature] Title: President Date: April 3, 2006

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: JAY'S AUTOMATE TRANSMISSIONS

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this bid submission.
- I AM
- As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 51145901

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 5

**Race/Ethnic Composition of Firm.** Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino	1		1		3	
Asian or Pacific Islander						
American Indian						
Filipino						
White						

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	100	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Carla Torrey  
Authorized Signature

manager  
Title

3-20-06  
Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Keystone Towing

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this bid submission.
- I AM

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : Registered 4-3-06/Waiting for Number

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): **50**

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American					3	
Hispanic/Latino			1	1	20	4
Asian or Pacific Islander						
American Indian						1
Filipino						
White			3	2	11	4

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

N/A

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

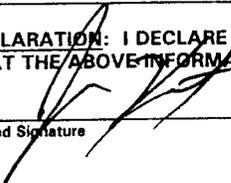
If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

N/A

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Authorized Signature



General Manager

Title

April 3, 2006

Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Lancaster Auto Interiors

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : \_\_\_\_\_

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 5

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino					1	
Asian or Pacific Islander						
American Indian						
Filipino						
White	1	1			2	

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	50 %
Women	%	%	%	%	%	50 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.**

Cathy Rough owner 3/22/06  
 Authorized Signature Title Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: LOS ANGELES FREIGHTLINER

I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 03282804

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) LLC

Total Number of Employees (including owners): 513

*Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:*

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American			1		11	1
Hispanic/Latino			9	8	164	28
Asian or Pacific Islander			3		11	4
American Indian			1		4	
Filipino						
White		2	47		170	50

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

William H. Smith Title GENERAL BODY SHOP MANAGER Date 3-27-06  
 Authorized Signature



Required Form – Exhibit 11

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Markham and Boling, Inc.

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : \_\_\_\_\_

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 9

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino			1		5	
Asian or Pacific Islander						
American Indian						
Filipino						
White		1		1	1	

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

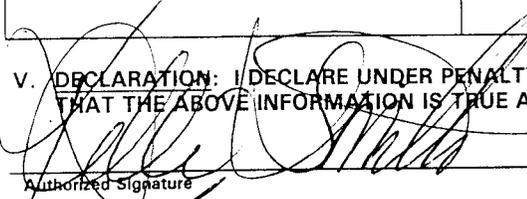
	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	100 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
None					

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

 \_\_\_\_\_ President, 3-26-06  
 Authorized Signature Title Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Master Body Sales & Serv., Inc.

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 008335

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): \_\_\_\_\_

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino			1		18	1
Asian or Pacific Islander						
American Indian						
Filipino						
White	1	1	2	1	1	

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	100 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

[Signature] President 02 21 2006  
 Authorized Signature Title Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Morgan Attwood & Son, Inc.

I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this bid submission.

I AM

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 50871901

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 7

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White	<u>1</u>	<u>1</u>	<u>2</u>		<u>3</u>	

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	<u>49</u> %
Women	%	%	%	%	%	<u>51</u> %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
<u>Supplier Clearinghouse</u>		<input checked="" type="checkbox"/>			<u>6-8-07</u>
<u>County of Los Angeles Office of Affirmative Action &amp; Compliance</u>		<input checked="" type="checkbox"/>			<u>9-17-06</u>

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Rebecca S. Attwood President 3-22-06  
Authorized Signature Title Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Northstar Electronics, LLC.

I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : \_\_\_\_\_

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) LLC.

Total Number of Employees (including owners): 9

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino	1					
Asian or Pacific Islander						
American Indian						
Filipino						
White	2					

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	24 %	%	%	%	76 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Authorized Signature: [Signature] Title: V.P. Date: 4/3/06

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Olympic Top Stop

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this bid submission.
- I AM

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 5-18904

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 2

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White	✓					

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

*If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)*

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.**

Carmello Pizzo  
Authorized Signature

OWNER  
Title

4-26-06  
Date

ATTENTION LUCY

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

*Confidential*

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Ostrom Chevrolet

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 0222 5301

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 80

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners		Managers		Other	
	Male	Female	Male	Female	Male	Female
Black/African American					2	
Hispanic/Latino			5		28	5
Asian or Pacific Islander				1	2	
American Indian						
Filipino						
White	1		4	1	27	4

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Certification Type	By	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.**

Authorized Signature: [Signature] Title: Owner Date: 5/24/06

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Palmdale Uni-Body & Paint

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this bid submission.
- I AM

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 5052100

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 3

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino	1		1			
Asian or Pacific Islander						
American Indian						
Filipino						
White			1			

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	50 %	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.**

Authorized Signature: [Signature] Title: President Date: 4/11/00

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Parkhouse Tire Inc.

I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
Compliance as of the date of this bid submission.

I AM

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : \_\_\_\_\_

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): \_\_\_\_\_

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American			2	1	4	3
Hispanic/Latino			16		190	12
Asian or Pacific Islander						3
American Indian						
Filipino						
White			32	9	59	12

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Brian Parkhouse President 7/30/06  
Authorized Signature Title Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: FECK ROAD FORD TRUCK CENTER

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : \_\_\_\_\_

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): \_\_\_\_\_

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						2
Hispanic/Latino			1		27	1
Asian or Pacific Islander						
American Indian						
Filipino						
White	1		5		36	6.

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

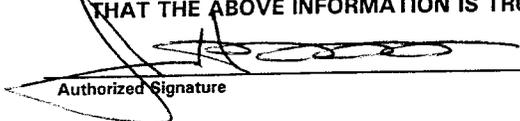
	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

  
Authorized Signature

PAIT'S + SERVICE REP 3-31-06,  
Title Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: PEPE'S TOWING SERVICE, INC.

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : \_\_\_\_\_

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 75

*Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:*

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino	2		6		50	11
Asian or Pacific Islander						
American Indian						
Filipino						
White					2	2

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

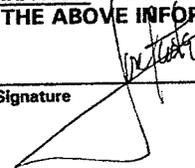
	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	100 %	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

*If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)*

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Authorized Signature  Title PRESIDENT Date 03-30-06

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Peterson Hydraulics, Inc.

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 0032750

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 45

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American	0	0	0	0	0	0
Hispanic/Latino	0	0	0	0	0	1
Asian or Pacific Islander	0	0	0	0	0	1
American Indian	0	0	0	0	0	0
Filipino	0	0	0	0	0	0
White	1	0	7	0	1	2

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	0 %	0 %	0 %	6 %	0 %	100 %
Women	0 %	0 %	0 %	0 %	0 %	0 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.**

Minimo D. Cruz Bookkeeper 3/31/00  
 Authorized Signature Title Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Powertrain Reman Industries

I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this bid submission.  
 I AM

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 51147001

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 1

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino	X					
Asian or Pacific Islander						
American Indian						
Filipino						
White						

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	100 %	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

*If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)*

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Authorized Signature: [Signature] Title: Owner Date: 4-3-06

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: PTO Sales Corporation

I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : \_\_\_\_\_

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

**Total Number of Employees (including owners):** \_\_\_\_\_

**Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:**

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino				2	30	4
Asian or Pacific Islander					2	1
American Indian						
Filipino						
White	2		11		61	7

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
N/A					

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

[Signature]  
Authorized Signature

Branch Manager  
Title

4-3-2006  
Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: QUINN POWER SYSTEMS

- I AM NOT** A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 **I AM** Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : \_\_\_\_\_

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

**Total Number of Employees** (including owners): 218

*Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:*

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American					3	0
Hispanic/Latino				2	55	6
Asian or Pacific Islander					6	2
American Indian					3	0
Filipino					0	0
White	1		25	1	99	15

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS**

**ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.**

*J. Edwards*  
Authorized Signature

**MGR. HUMAN RESOURCES**  
Title

3-31-06  
Date

Required Form – Exhibit 11

Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: RUSH TRUCK CENTERS OF CALIFORNIA, INC.

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.  
 As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.  
 My County (WebVen) Vendor Number : \_\_\_\_\_

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): \_\_\_\_\_

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American	N/A*	N/A*	0	0	5	0
Hispanic/Latino	N/A*	N/A*	3	3	134	21
Asian or Pacific Islander	N/A*	N/A*	1	0	14	6
American Indian	N/A*	N/A*	0	0	4	1
Filipino	N/A*	N/A*	0	0	0	0
White	N/A*	N/A*	23	4	128	16

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed. \* The firm is wholly-owned by a publicly traded corporation. Therefore it is impossible to determine this information.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	N/A* %	N/A* %	N/A* %	N/A* %	N/A* %	N/A* %
Women	N/A* %	N/A* %	N/A* %	N/A* %	N/A* %	N/A* %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Authorized Signature:  Title: **CALIFORNIA REGIONAL MANAGER** Date: **May 5, 2006**

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: SATELITE FULFILLMENT, INC

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : \_\_\_\_\_

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 6,103 (EXCLUDING OWNERS) AS OF 9-1-05

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American			34	10	779	493
Hispanic/Latino			21	2	490	128
Asian or Pacific Islander			7	1	95	25
American Indian			4	0	13	10
Filipino			0	0	0	0
White			403	72	2,478	1,038

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

OWNERSHIP COMPRISED OF INVESTORS - DATA NOT AVAILABLE

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
<u>N/A</u>					

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

[Signature] Vice-President, NAT'L SALES 3/31/06  
 Authorized Signature Title Date

Required Form – Exhibit 11

Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration and  
CBE Firm/Organization Information Form

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Smith & Hartford Coach Works

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.  
 As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 12331201

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 10

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino					7	
Asian or Pacific Islander						
American Indian						
Filipino						
White	2		1			

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Authorized Signature: [Signature] Title: President Date: 03-21-2006

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: South Bay Ford, Inc.  
 I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.  
 As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.  
 My County (WebVen) Vendor Number : 519 784 01

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): \_\_\_\_\_

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
	Black/African American	0	0	1	0	5
Hispanic/Latino	0	0	2	1	6	7
Asian or Pacific Islander	0	0	2	0	4	0
American Indian	0	0	0	0	1	0
Filipino	0	0	0	0	0	0
White	1	0	12	2	35	6

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	— %	— %	— %	— %	— %	100 %
Women	— %	— %	— %	— %	— %	— %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
N/A					

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Authorized Signature: B. Cowley Title: Parts & Service Director Date: 3-31-06

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Speedo Electric Inc.

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
Compliance as of the date of this bid submission.
- I AM

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : #04073401

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 4

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino					1	
Asian or Pacific Islander						
American Indian						
Filipino						
White	1	1	1			

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

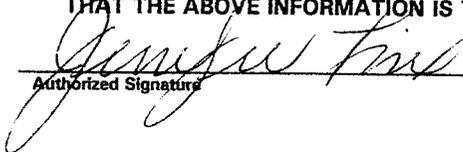
	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

*If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)*

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
N/A					
N/A					

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

  
Authorized Signature

President  
Title

March 21, 2006  
Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration and  
CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: The Boatyard

**I AM NOT** A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 **I AM** Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 51147701

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

**Total Number of Employees** (including owners): 14

**Race/Ethnic Composition of Firm.** Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American					1	
Hispanic/Latino			1		8	
Asian or Pacific Islander						
American Indian						
Filipino						
White	1		1	1		1

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100.00 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

*If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)*

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.**

39 [Signature] President 03/23/2006  
 Authorized Signature Title Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Truck Specialty Service, Inc.

**I AM NOT** A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 **I AM** Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 50836001

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

**Total Number of Employees** (including owners): \_\_\_\_\_

*Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:*

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino					1	
Asian or Pacific Islander						
American Indian						
Filipino						
White	1		1			

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

*If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)*

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Alan Serrano President 3-25-06  
 Authorized Signature Title Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: United Auto & Truck, Inc.

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 51147201

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 51

*Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:*

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American			4		1	
Hispanic/Latino					36	
Asian or Pacific Islander						
American Indian					1	
Filipino					1	
White	3	2			3	

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

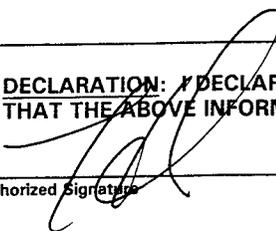
	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White	Other
Men	%	%	%	%	%	60	%
Women	40 %	%	%	%	%		%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

*If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)*

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Authorized Signature:  Title: President Date: 4-2-2006

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: United Transmission Exchange

- I AM NOT** A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 **I AM** Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : \_\_\_\_\_

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**     Sole Proprietorship     Partnership     Corporation     Non-Profit     Franchise  
 Other (Please Specify) \_\_\_\_\_

**Total Number of Employees** (including owners): \_\_\_\_\_

**Race/Ethnic Composition of Firm.** Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American					2	
Hispanic/Latino					22	1
Asian or Pacific Islander					2	
American Indian						
Filipino						
White	1		6		12	3

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

*If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)*

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

*Thomas C. Mason*  
 \_\_\_\_\_  
 Authorized Signature

President  
 \_\_\_\_\_  
 Title

March 29, 2006  
 \_\_\_\_\_  
 Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Valco Transmission Ltc  
 I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.  
 As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.  
 My County (WebVen) Vendor Number : 5050670

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 10

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino					4	
Asian or Pacific Islander						
American Indian						
Filipino						
White	1	2			3	

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	49 %
Women	%	%	%	%	%	51 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

[Signature] Title President Date 3-20-06  
 Authorized Signature Title Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Vision Communications

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 10942101

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 46

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American					2	1
Hispanic/Latino			1		11	4
Asian or Pacific Islander			1	3	6	2
American Indian						
Filipino						
White	1	1		2	7	4

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	45 %
Women	%	%	%	%	%	55 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
<u>WBENC</u>		X			
<u>(in process)</u>					

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

May Khourian President April 3, 06  
 Authorized Signature Title Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Western Automatic Transmission Exchange, Inc.

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : \_\_\_\_\_

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): Nine

*Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:*

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American					1	
Hispanic/Latino					5	
Asian or Pacific Islander						
American Indian						
Filipino						1
White			1		1	

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	50 %
Women	%	%	%	%	%	50 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

*If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)*

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.**

Authorized Signature: \_\_\_\_\_ Title: President Date: March 24, 2006

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Wondries Chevrolet

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 51843801

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): \_\_\_\_\_

**Race/Ethnic Composition of Firm.** Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American					1	
Hispanic/Latino	1		2	1	22	8
Asian or Pacific Islander				2	4	
American Indian						
Filipino						
White	1	1	3	1		2

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

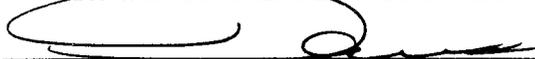
	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	49 %	%	%	%	51 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.


President
4-3-08  
 \_\_\_\_\_  
 Authorized Signature Title Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Wondries Nissan

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 51236401

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

Total Number of Employees (including owners): 76

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American					1	
Hispanic/Latino	1		2	1	25	12
Asian or Pacific Islander			2		20	
American Indian					2	1
Filipino					0	
White	1	1	2		5	

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	50 %	%	%	%	25 %
Women	%	%	%	%	%	25 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

[Signature] President 4-30  
 Authorized Signature Title Date

**Los Angeles County Community Business Enterprise Program (CBE)  
Request for Local SBE Preference Program Consideration  
and CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

Firm Name: Wondries Toyota

- I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action  
 I AM Compliance as of the date of this bid submission.

As an eligible Local SBE, I request this bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : 51347201

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

**Total Number of Employees** (including owners): 142

**Race/Ethnic Composition of Firm.** Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American			1		2	1
Hispanic/Latino			5	4	52	15
Asian or Pacific Islander			4	1	35	3
American Indian					2	
Filipino			1		1	
White	1	1	6	1	5	2

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

*If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use the back of this form, if necessary.)*

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.**

[Signature] President 4-3-06  
 Authorized Signature Title Date